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A COMPARATIVE STUDY ON SELF-CONCEPT, PERCEIVED STRESS AND MARITAL SATISFACTION AMONG MIDDLE AGED HOMEMAKERS WITH DEPRESSIVE TRAITS AND WITHOUT DEPRESSIVE TRAITS

This dissertation is submitted for the partial fulfilment for the degree of
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This is an original study done by the candidate and has not been submitted by her before any form for any other degree of this University or any other University.

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I, MAHASWETA CHATTERJEE, hereby declare that the research work titled, "A comparative study on self-concept, perceived stress and marital satisfaction among middle aged homemakers with depressive traits and without depressive traits", conducted by me, has been completed with full honesty and integrity. I confirm that the work is original, and all sources of information have been appropriately acknowledged and cited. I take full responsibility for the content and findings presented in this research.

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ABSTRACT

According to Riley and Keith (2004), homemakers refer to women who engage in such household works as cooking, cleaning, and caring for children, contributing toward a relatively more stable home environment. This study aimed to explore the comparison between self-concept, perceived stress, and marital satisfaction among middle-aged homemakers with depressive traits and those without depressive traits. A comparison was made between homemakers with depressive traits and those without depressive traits. The Beck Depression Inventory II by Beck et al., (1996) was used as a screening tool for depression. The Structure of Personal Self-concept Questionnaire by Goñi et al., (2011), Dyadic Marital Adjustment Scale by Graham B. Spanier (1976). was used to measure the comparison between homemakers with depressive traits and those without depressive traits. Descriptives, including means, showed higher reported stress and lower self-fulfillment in the depressive group compared with the non-depressive group. While dyadic measures of marital satisfaction, dyadic consensus, dyadic satisfaction, dyadic cohesion, and affectional expression were evaluated lower for the depressive group. The Mann-Whitney U test demonstrated a statistically significant difference in perceived stress, dyadic consensus, dyadic satisfaction, dyadic cohesion, and affectional expression between two groups. These results are indicative of a significant association of depression with perceived stress and marital satisfaction level in middle-aged housewives. In conclusion, the study highlights the complicated interaction of depression, perceived stress, and marital satisfaction for middle-aged housewives. The findings advocate for the view that mental health should be addressed as an area of concern to enhance the well-being of women in this confining role and to make marital quality to better attain marital results. Further investigation is recommended to scrutinize mechanisms leading to findings and design targeted intervention.

Keywords : self-concept, perceived stress, marital satisfaction, homemakers

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CHAPTER 1 - INTRODUCTION

1. INTRODUCTION

Psychological well-being pertains to a person's emotional health and general functioning. It includes having positive social connections, the ability to make independent choices, mastery over one's environment, a positive view of oneself, a sense of direction, and the opportunity for personal development. (van Dierendonck & Lam , 2023). Psychological well-being refers to lives that are thriving. It is the blend of feeling positive and functioning effectively. Lasting well-being does not necessitate that individuals feel good all the time; experiencing painful emotions (like disappointment, failure, and grief) is a typical aspect of life, and the ability to cope with these negative or distressing feelings is crucial for enduring well-being. However, psychological well-being suffers when negative emotions are particularly intense or persist for a long time, disrupting a person's capacity to function in daily life.(Huppert, 2009)

One widely accepted model characterizes psychological well-being as consisting of six essential elements: Self-acceptance: Possessing a favorable outlook on oneself Purpose in life: Having aspirations and a sense that existence carries significance and intent Autonomy: Experiencing a feeling of independence and liberation from societal expectations .Positive social relationships: Forming substantial connections with others marked by mutual love, empathy, closeness, and trust Environmental mastery: Feeling competent and having the ability to navigate one's surroundings effectively Personal growth: Engaging in learning, encountering new experiences, and embracing challenges that foster development (Ryff, 2014)

Subjective well-being refers to how individuals evaluate their current situation in life. Specifically, Diener, Lucas, and Oishi (2002) describe subjective well-being as a blend of positive emotions (in the absence of negative emotions) and overall life satisfaction (i.e., personal appreciation of life's benefits) (Snyder & Lopez, 2007). The concept generally consists of two main components (Kashdan, 2004): 'Cognitive appraisal' refers to how we evaluate our overall life satisfaction as well as our contentment in specific areas (e.g., family relationships, job satisfaction, etc.). 'Affective appraisal' pertains to our emotional experiences. High subjective well-being involves experiencing frequent and intense positive emotions (e.g., joy, hope, pride) while generally lacking negative ones (e.g., anger, jealousy, disappointment).

When we evaluate and reflect on our lives, we measure our perceived condition against our personal standards of what we find desirable. This represents the subjective component of

cognitive appraisal. Similarly, various factors are linked to positive emotions for different individuals. This illustrates the subjective nature of affective appraisal. It includes a wide range of different ideas, spanning from transient experiences in our daily lives to broader overall assessments we make about our existence (Kim-Prieto, et al., 2005). It is typically viewed as a hedonic concept, not as a eudaimonic concept (Deci & Ryan, 2008; Huta & Waterman, 2014).
Subjective Well-being consists of three elements: affect (which includes hedonic assessments), life satisfaction (which refers to cognitive evaluations), and eudaimonia (the experience of meaning and purpose).

Affect refers to an individual's instant physiological reaction to a stimulus, which is usually grounded in a fundamental feeling of arousal. Affect can be understood as both a stable characteristic and a temporary condition, and it exists with either a positive or negative orientation. Positive affect (PA) is marked by feelings of joy, along with heightened energy, focus, enthusiasm, and awareness, while negative affect (NA) is associated with feelings of distress, anger, disdain, as well as anxiety or fear (Watson et al., 1988).

Satisfaction originates from Latin, signifying the act of achieving or fulfilling sufficiently. Being satisfied with one's life suggests a sense of contentment or acceptance regarding one's life situation, as well as the meeting of personal desires and needs in relation to one's overall existence. Essentially, life satisfaction is an individual's personal judgment on the quality of their life. Since it is fundamentally an evaluative process, perceptions of life satisfaction involve a significant cognitive aspect. (Sousa et al.,2001).

The hedonic approach emphasizes happiness as a sought-after subjective result, paying attention to factors that influence it. On the other hand, the eudaimonic approach concentrates on traits linked to a fulfilling life, which is defined by the achievement of human potentials, and regards happiness as one of the outcomes of this kind of living.(DeHaan & Richard , 2014)

According to World Health Organization, A mental disorder is characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behavior. It is usually associated with distress or impairment in important areas of functioning. There are many different types of mental disorders. Mental disorders may also be referred to as mental health

conditions. The latter is a broader term covering mental disorders, psychosocial disabilities and (other) mental states associated with significant distress, impairment in functioning, or risk of self-harm. This fact sheet focuses on mental disorders as described by the International Classification of Diseases 11th Revision (ICD-11).

According to American Psychiatric Association, Mental illnesses are health conditions involving changes in emotion, thinking or behavior (or a combination of these). Mental illnesses can be associated with distress and/or problems functioning in social, work or family activities. Mental Illness refers collectively to all diagnosable mental disorders — health conditions involving:

- Significant changes in thinking, emotion and/or behavior.
- Distress and/or problems functioning in social, work or family activities.

According to American Psychiatric Association, Depression (major depressive disorder) is a common and serious mental disorder that negatively affects how you feel, think, act, and perceive the world.

According to World Health Organization, Depressive disorder, or depression, is a common mental health condition that can happen to anyone. It is characterized by a low mood or loss of pleasure or interest in activities for long periods of time. This is different from regular mood changes and feelings about everyday life. Depressive episodes last most of the day, nearly every day, for at least two weeks. People with depression may experience disturbed sleep and changes to their appetite. They may have feelings of low self-worth, thoughts about dying and hopelessness about the future. Tiredness and poor concentration are also common. Depression results from a complex interaction of social, psychological and biological factors. People who have lived through abuse, severe losses or other adverse events are more likely to develop depression. Problems at school and work can also result in depression.

When the depression at its worst, they may lose the ability to react emotionally, and find that good and bad feelings alike are lost in numbness. It becomes difficult to enjoy or to be interested in normal activities. Energy is low, and everything seems an effort. So, they tend to withdraw

from the things they would normally do, and may spend long hours hunched in a chair, or lying-in bed.

Ordinary pleasures, like sewing, listening to songs, cooking favourite dishes, reading magazines, become difficult and burdensome because it is hard to concentrate and to remember what has been read or said.

They become preoccupied with how bad they feel and with the apparently insoluble difficulties that face them. Even basic bodily functions may be disturbed: patterns of sleep changes, appetite declines, and low sexual desire. Most dangerously, it may seem as time goes on that there will be no end to this state that nothing can be done to change things for the better. So, hopelessness grows and can lead to a longing for death, and to thoughts of suicide.

1.1.BECK'S COGNITIVE MODEL OF DEPRESSION (Beck, 1967, 1976) –

The model suggests that experiences cause people to form beliefs or schemata about themselves and the world around them. These beliefs or schema then organize the perceptions and direct their actions and judgments. The ability to predict and understand one's experiences is adaptive and necessary for normal functioning. These beliefs, however, are rigid, inflexible, hard to change, and thus can be said to be 'dysfunctional' or counterproductive.

These beliefs are relevant to what individuals need to make them happy (e.g., 'if people have a poor view of me, I don't feel able to be happy'), or what they have to achieve so that they are able to regard themselves as valuable (e.g., 'I have to master everything I pursue'). Problems arise when large events fall into place within a person's belief system. For example, the belief that one's worth is completely dependent upon success may lead to depression when there is failure, and the belief that being loved is the key to happiness may incite depression after a rejection.

When pathological beliefs become activated, they lead to the intensification of 'negative automatic thoughts'—which are unpalatable thoughts and occur suddenly in individuals' minds without them having conscious logic. Such thoughts can either be representations of the current circumstances, predictions of events yet to take place, or recollections of things which took place earlier. As a result, they are responsible for other symptoms of depression, such as: behavioural symptoms (lower levels of activity, withdrawal from social interactions); motivational symptoms (loss of interest, lack of motivation); emotional symptoms (e.g., anxiety and guilt); cognitive

symptoms (e.g., difficulty concentrating and indecisiveness); and physical symptoms (e.g., changes in appetite and sleep problems).

As depression unfolds, negative automatic thoughts become increasingly more frequent and intense, and more rational thoughts are increasingly pushed aside. This process is assisted along the way by the emergence of increasingly pervasive depressed mood. Thus, a vicious cycle is created. On the one hand, the more depressed an individual becomes, the more depressing thoughts they entertain, and the more they assume them. However, the more sad thoughts they harbour and the more they believe these thoughts, the sadder they get.

Depression is characterized by the activation of three broad cognitive patterns referred to as the Cognitive Triad, encompassing negative perceptions of:

a) Themselves as unlovable, worthless, helpless and devoid of the capacity to achieve happiness. Negative self-thoughts ("I am ugly"; "I am worthless"; "I am a failure").

b)Their past and present world-experience- their own world is highly demanding and holds gigantic barriers in the way of goal achievement. Negative thinking regarding one's experience and the world around them ("No one loves me"; "People treat me badly")

c) The future, which is perceived as bleak and not likely to get any better- such hopelessness could lead to suicide ideas. Hopeless thoughts about the future ("It's hopeless because things will always be this way" (Clark & Beck, 1999).

In his book Authentic Happiness, Seligman (2002) categorizes positive emotions into three groups: those linked to the past, present, and future. Future-oriented positive emotions include optimism, hope, confidence, faith, and trust. Emotions tied to the past consist of satisfaction, contentment, fulfillment, happiness, pride, and serenity. Present-focused positive emotions can be divided into two types: momentary pleasures and lasting gratifications. Momentary pleasures encompass both physical sensations and higher-level experiences. Physical pleasures are derived from the senses, such as those experienced through sex, pleasant scents, and tasty foods. On the other hand, higher pleasures arise from more intricate activities and include feelings like bliss, joy, comfort, ecstasy, and exuberance. Gratifications, unlike pleasures, involve deep engagement or a state of flow that comes from participating in activities that utilize our unique strengths. Examples of such activities include sailing, teaching, and helping others. These unique strengths are personal characteristics linked to specific virtues as outlined in the Values in Action Classification of Strengths (Peterson and Seligman, 2001). (Snyder & Lopez ,2007).

1.2. CONCEPT OF SELF:

'Self' is the nuclear concept in Rogers' theory. It is conceived as something that develops as a result of the interaction of the individual with his environment. It may interject the values of other people in either perceiving them correctly or in a distorted manner. The self strives for consistency. The individual acts largely in a way consistent with the self.

Experiences that are not consistent with the self-structure are perceived as threats. The self is not a static, unchanging entity. It may change as a result of several factors, the most important of which are maturation and learning (Hall and Lindzey, 2000).

The self-concept is inherently social (Cooley, 1902; Mead, 1934). People create and maintain their self concepts based on information they obtain from social environments and interaction (Cooley,1902; Markus & Wurf,1987). People perceive themselves in the way others perceive them and this affects their self-concept (Cooley, 1902; Mead, 1934). Self-concept is an overarching idea we have about who we are—physically, emotionally, socially, spiritually, and in terms of any other aspects that make up who we are (Neill, 2005). Roy Baumeister (1999) defines self-concept as "The individual's belief about himself or herself, including the person's attributes and who and what the self is." Rosenberg describes self-concept in his 1979 book on the topic; self-concept is "…the totality of an individual's thoughts and feelings having reference to himself as an object."

Psychological wellbeing hinges on having a clear sense of who and what one is, otherwise known as self-concept clarity (Campbell all. , 2003). Self-concept clarity (SCC) refers to how clear, confident, and consistent an individual's definitions of themselves are (Diehl & Hay, 2011). Self-concept clarity (SCC) refers to the extent to which one's self-beliefs are clearly defined, internally consistent, and stable over time.

Self-concept is the central construct of Rogers' theory. It may be conceived of as an organized gestalt comprising:

1. The individual's perceptions of himself and the values attached to them.
2. The individual's perceptions of himself in relation to other persons and the values attached to them.

3. The individual's perceptions of the various aspects of the environment and the values attached to them.

The ideal self, defined as ones view of self as one wishes to be. The ideal self contains all those attributes, usually positive, that people aspire to possess. A wide gap between ideal self and self concept indicates incongruence and an unhealthy personality. Psychologically healthy individual perceives little discrepancy between their self concept and what they ideally would like to be.

1.2.1. Congruence and Incongruence: Congruence and incongruence are experiences that connect profoundly with our humanity and the manner in which we interact with both our inner and outer worlds. The journey toward greater congruence is a continuous endeavor of engaging with our internal experiences sincerely and deeply, while also remaining aware of those around us. (Cooper, 2005; Grafanaki, 1997; 2002; Grafanaki & McLeod, 2002; Mearns & Cooper, 2005).Instances of incongruence offer valuable chances for personal growth and the enrichment of the therapeutic relationship, acting as indicators for individual, relational, and interpersonal development. (Grafanaki & McLeod, 2002).The experience of congruence and incongruence entails a dynamic and dialectical interaction between an individual and their environment. (Cornelius-White, 2007; Grafanaki, 1997; 2001; Schmid, 2001). Achieving congruence necessitates a familiarity with the flow of one's own experiences and the ability to utilize these experiences as a guide for future actions. (Finke, 2002; Rogers, 1967) Congruence, as experienced by the client, refers to a state of internal harmony that emerges when a person "revising his concept of self to bring it into congruence with his experience" – "reorganizing the concept he hold of himself to include [those] characteristics, which would previously have been inconsistent with self" (Rogers 1959, p. 206). Incongruence is defined as a mismatch "between the self as perceived, and the actual experience of the organism" (Rogers 1959, p. 203). Incongruence, as perceived by the client, represents a "state of internal confusion, since in some respects the individual's behavior will be regulated by the actualizing tendency, and in other respects by the self-actualizing tendency, thus producing discordant or incomprehensible behaviors" (Rogers 1959; Proctor, 2017). The organism and the self are distinct entities that may or may not align with each other. Additionally, it's important to remember that actualization refers to the organism's drive

toward achieving fulfillment, while self-actualization represents the perceived self's aspiration for the same fulfillment. These two drives can sometimes be at odds.Psychological imbalance begins when we fail to interpret our organismic experiences as self-experiences; that is, when we do not properly symbolize or acknowledge these experiences because they seem inconsistent with our developing self-concept. This mismatch between our self-concept and our organismic experiences serves as the root of psychological disorders. Conditions of worth that we encountered in early childhood contribute to the formation of a somewhat inaccurate self-concept, which is based on distortions and denials. The resulting self-concept includes vague perceptions that do not align with our organismic experiences, leading to incongruence between self and experience, which in turn results in inconsistent and conflicting behaviors. At times, we act in ways that support or further our actualizing tendency, while at other times; we may behave in a manner that seeks to uphold a self-concept shaped by the expectations and judgments of others Vulnerability: The greater the disparity between our perceived self (self-concept) and our organismic experiences, the more susceptible we become. Rogers (1959) posited that individuals are vulnerable when they lack awareness of the discord between their organismic self and their significant experiences. Without realizing this incongruence, vulnerable individuals often engage in behaviors that are baffling not only to others but also to themselves. . (Feist & Fiest, 2006).

1.3. CONCEPT OF PERCEIVED STRESS:

According to American Psychological Association, Stress is a normal reaction to everyday pressures, but can become unhealthy when it upsets your day-to-day functioning. Stress involves changes affecting nearly every system of the body, influencing how people feel and behave.
By causing mind–body changes, stress contributes directly to psychological and physiological disorder and disease and affects mental and physical health, reducing quality of life.

Perceived stress incorporates feelings about the uncontrollability and unpredictability of one's life, how often one has to deal with irritating hassles, how much change is occurring in one's life, and condensed in one's ability to deal with problems or difficulties.

Perceived stress is the feelings or thoughts that an individual has about how much stress they are under at a given point in time or over a given time period.

Perceived stress reflects the interaction between an individual and their environment which they appraise as threatening or overwhelming their resources in a way which will affect their well-being (Lazarus & Folkman, 1984).

At first, researchers zeroed in on the stressful events themselves, known as stressors. In the United States, for instance, individuals reported that their top five sources of stress were money, the economy, work, family, health issues, and family responsibilities (American Psychological Association, 2008).

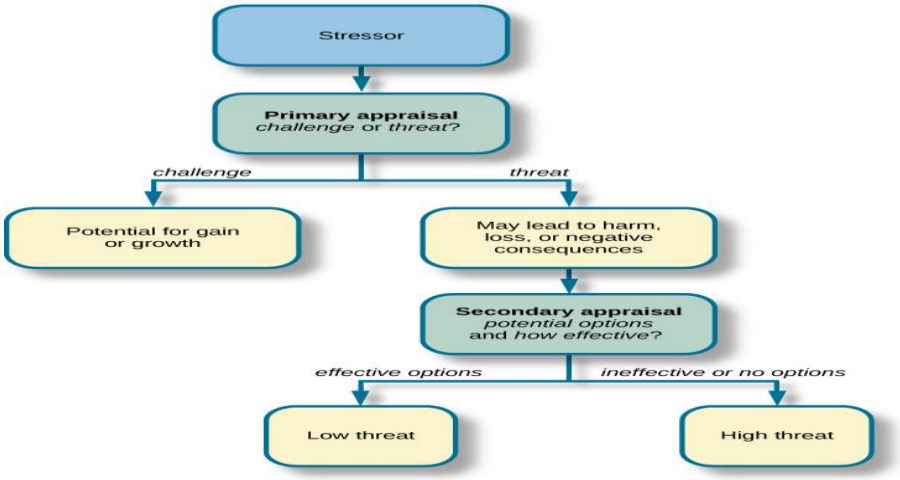
Stimulus definitions emphasize occurrences in the surroundings, including natural disasters, harmful conditions, illness, or job loss. This perspective presumes that specific scenarios are inherently stressful but fails to account for personal variations in how individuals perceive these events. Response definitions pertain to a condition of stress; the individual is described as responding with stress, being in a state of stress, and similar phrases.

1.3.1. APPRAISAL OF STRESSORS (LAZARUS AND SUSAN FOLKMAN, 1984):

Stress arises from an individual's evaluation processes: primary evaluation occurs when a person is attempting to comprehend what the event is and what it signifies. Events can be evaluated for their harm, threat, or challenge. Harm represents the evaluation of damage that has already occurred, such as being dismissed from a job. Threat refers to the evaluation of potential future damage, as one anticipates the issues that may stem from a loss of income for themselves and their family. However, events may also be viewed through the lens of challenge, indicating the possibility of overcoming or benefiting from the situation. For instance, a man who has been laid off might see his unemployment as a chance to explore new opportunities. Challenge evaluations lead to increased confidence in one’s ability to handle the stressful situation, more positive emotional responses to the event, and lower blood pressure, among other advantages (Blascovich, 2008).

Secondary evaluations consider whether personal resources are adequate to meet environmental demands. When an individual's resources significantly exceed the needs of a challenging situation, they may experience minimal stress and a sense of challenge instead. If the individual believes that their resources will likely suffice to handle the event, but only with considerable effort, they may feel a moderate level of stress. When the individual perceives that their resources are probably insufficient to manage the stressor, they may experience a high level of stress.

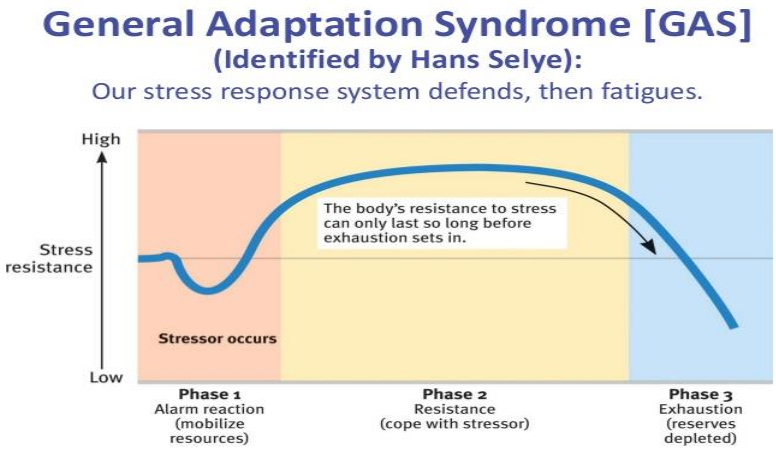
Stress, therefore, is influenced by the fit between the person and their environment (Lazarus & Folkman, 1984; Lazarus & Launier, 1978). It results from the evaluation of events (as harmful, threatening, or challenging), the assessment of available resources, and the responses to the events.



1.3.2. D. SELYE'S GENERAL ADAPTATION SYNDROME: (Taylor, S. E. (2015).

An additional significant early contribution to the understanding of stress was Hans Selye's (1976) research on the general adaptation syndrome. This syndrome is composed of three stages. In the initial stage, alarm, the individual is activated to confront the danger. In the second stage, resistance, the individual exerts efforts to deal with the danger, often through direct

confrontation. The final stage, exhaustion, sets in if the individual is unable to overcome the danger and exhausts their physiological resources while trying.



1.3.3. How Does Stress Contribute to Illness?

Initial research into stress has enabled scientists to pinpoint the mechanisms through which stress can lead to adverse health outcomes. The first category of these mechanisms pertains to direct physiological effects. Examples of direct physiological changes include increased blood pressure, a reduced capacity of the immune system to fend off infections, and variations in lipid levels and cholesterol, among other alterations. We will delve deeper into these aspects in the following sections.

The second category of mechanisms relates to health behaviors. Individuals experiencing chronic stress tend to have less healthy habits compared to those without such stressors, and even short-term acute stress can negatively impact health behaviors. These unhealthy habits might involve smoking, poor dietary choices, insufficient sleep, lack of physical activity, and the consumption of substances like drugs and alcohol. Over time, these detrimental habits can lead to specific health issues. For instance, smoking is known to result in lung disease. Even briefly, shifts in these health behaviors can heighten physiological vulnerabilities and prepare the ground for longer-lasting negative health effects.The third category examines how stress influences psychosocial resources in ways that can harm health. Supportive social connections are beneficial to health, but stress may cause individuals to withdraw from these relationships or,

worse, act in ways that alienate others. Positive traits like optimism, self-esteem, and a sense of personal agency also promote good health, yet many stressors can undermine these advantageous beliefs. To the extent that time, money, and energy are redirected to address the stressor, these external resources become diminished, particularly affecting those who have limited access to such resources.A fourth pathway through which stress negatively impacts health is the use of healthcare services and adherence to treatment plans. People tend to be less compliant with treatment regimens while under stress and may postpone seeking help for health issues that require prompt attention. In some cases, they may not seek care at all.

These four avenues—physiological changes, health behaviors, psychosocial resources, and healthcare access—constitute the primary means through which stress influences health. (Taylor, 2015).

1.4. CONCEPT OF MARITAL SATISFACTION:

Relationship satisfaction has been defined as a subjective sense of relational quality arising from evaluations of the positive and negative dimensions of one's romantic relationship (Fallis et al., 2016, adapted from Lawrance & Byers, 1995). Marital satisfaction is a person's general assessment of their marriage, including emotional, psychological, and relational health (Fincham & Beach, 2010). It is shaped by many factors, such as communication, intimacy, conflict resolution, and stressors from outside the relationship (Bradbury, Fincham, & Beach, 2000). Marital satisfaction has been found to change over time, with some couples declining because of life stressors, whereas others are able to sustain high levels of satisfaction through effective relational skills (Karney & Bradbury, 1995).(Carr, A. ,2004). Children may play a significant role in marital satisfaction (e.g., Cowen and Cowen 1992). More specifically, whether children are planned, the presence of parental stress, and co-parenting behaviors may all impact marital satisfaction (Bradbury et al., 2000)

Marriage offers various advantages that contribute to personal happiness for both men and women. It provides emotional and physical closeness, a setting for raising children and establishing a home, and roles as spouses and parents, all of which help affirm one's identity and

legacy. Several factors, beyond just happiness, play a crucial role in creating stable and fulfilling marriages. Couples who share similar personalities, abilities, physical attractiveness, attitudes, interests, values, and political views tend to enjoy greater marital satisfaction, remain together longer, experience less conflict and infidelity, and create a stable environment for their children (Newman and Newman, 1991; Buss, 2000). This may be due to the ease of empathy with those who are like us, leading to a better understanding between partners. Additionally, when there is minimal disparity in 'mate value' between partners, the chances of infidelity decrease. Therefore, when selecting a mate, it is beneficial to choose someone who shares these characteristics. Marriages characterized by respectful and clear communication, along with mutual forgiveness, are generally linked to higher satisfaction levels, suggesting that such communication fosters greater happiness (Harvey et al., 2002).(Carr, A. ,2004).

Research has shown that marital satisfaction is linked to several factors, including having children in the home, household income, reliance on welfare, egalitarian beliefs, traditional views on marriage, religious practices (Amato et al., 2007), and the interconnectedness of family and friendship networks (Kearns & Leonard, 2004). Children may play a significant role in marital satisfaction (e.g., Cowen and Cowen 1992). More specifically, whether children are planned, the presence of parental stress, and co-parenting behaviors may all impact marital satisfaction (Bradbury et al., 2000).

1.4.1. DYNAMIC GOAL THEORY OF MARITAL SATISFACTION (Li, T.,& Fung, H. H. (2011) :

As stated by Li and Fung, marriage is largely a voluntary commitment characterized by the couple's affection for one another and their wish to be together (2011). Their degree of marital satisfaction serves as the primary determinant influencing the dynamic goal theory of marital satisfaction, which emphasizes both the quality of the marriage and its emotional aspects (Li & Fung, 2011). This theory posits that achieving marital goals is fundamental to a successful marriage and is essential for attaining marital satisfaction.

The theory identifies three categories of marital goals that couples should strive to achieve. Personal growth goals involve self-improvement and development facilitated by the spouse within the marriage. When these goals are fulfilled, it fosters a sense of accomplishment, equipping the spouse to face future challenges. Young adults should especially focus on achieving marital goals, as they have promising futures ahead (Li & Fung, 2011).

Companionship goals highlight the emotional connections and bonding that spouses seek with each other, while instrumental goals concentrate on practical tasks that arise in daily life, including accessing each spouse's physical and mental resources (Li & Fung, 2011). The nature of marriage involves these instrumental goals, often reflected in the allocation of household tasks and responsibilities. Spousal support in these areas can enhance marital quality; however, an unequal distribution of effort and responsibilities may lead to conflict within the marriage (Li & Fung, 2011). The dynamic goal theory of marital satisfaction suggests that a couple's vulnerability and the stressful circumstances they face can drive adjustments in their lives to cope with these environmental changes, thereby influencing their marital stability (Li & Fung, 2011). Changes throughout adulthood are inherent, and the significance of marital goals evolves accordingly. Marital goals are shaped by both societal norms and the couple's personal beliefs. The prioritization of marital goals can alter interaction patterns within the marriage, thus enhancing the prospects for marital satisfaction. Present-day society has contributed to the success of interracial marriages by increasingly accepting these unions and their offspring. Nonetheless, societal attitudes and legal frameworks have not always been receptive to interracial marriages.

In this research, we will focus on homemakers who exhibit depressive traits compared to those who do not. A **homemaker** is typically defined as a person whose main responsibility is to manage her household and family. They encounter considerable challenges as they juggle various household tasks and rely on others for financial support. Their responsibilities include caring for children, cooking, doing laundry, and maintaining cleanliness and order within the home. They must balance their roles as mothers and wives while also meeting societal expectations, which can lead to feelings of being overwhelmed and stressed, as well as a loss of personal identity in their efforts to meet these expectations.

A homemaker's self-image and mental health are heavily influenced by societal standards and her financial situation. Factors such as education and her contributions to the family shape how homemakers perceive themselves and their roles, significantly impacting their overall happiness and sense of fulfillment. Additionally, the quality of family relationships plays a crucial role in a homemaker's happiness; strong emotional bonds and supportive interactions contribute positively

to their emotional well-being. Furthermore, social connections are essential for life satisfaction; those with close, supportive family and friends tend to report higher levels of life satisfaction. Therefore, a homemaker's happiness is shaped by a combination of societal perceptions, economic circumstances, and the quality of her personal relationships.

1.5.DIFFERENCE BETWEEN WORKING WOMAN AND HOUSEWIVES:

"Working women" pertains to females engaged in the workforce, making economic contributions through salaried positions.

The crux of the difference between a working woman and a homemaker is that both have different obligations and responsibilities. Working women are mostly engaged in some professional or business activities outside of the house, earning a salary that supports their family. They struggle to combine their jobs and household responsibilities, often balancing both their professional and personal commitments at the same time. The two are distinguished from each other, since the former implies financial freedom, contact with society, and an opportunity for promotion.

On the contrary, homemakers are fully dedicated to household tasks. They have their work cut out for them: cooking, cleaning, raising the children, and generally looking after the welfare of the family. Although homemakers do not get much financial recognition for their work, the homemaker's function is paramount in providing a stable and comfortable environment. Homemakers are somewhat freer to pace their work but are sometimes bound by social stereotypes that fail to appreciate their sacrifices.

Working women and housewives, equally, play an important role in the social fabric and family life. While working women help with economic development and in commercial sectors, homemakers help with emotional support and stability at home. The choice of being a working woman or a homemaker depends on individual choices, family needs, and society. These days many women are experimenting with variations on part-time or work-from-home jobs, combining responsibilities. All women, whatever their contribution, have a right to respect and recognition.

The Directorate General of Employment (DGE) reports that the national Household survey, Periodic Labour Force Survey, carried out by the National Statistics Office (NSO) under the Ministry of Statistics and Programme Implementation (MoSPI), provides insights into women's employment status in India. While it's true that the Female Labour Force Participation Rate

(FLFPR) in India has been below the global average of 47 percent for several years, it's noteworthy that women's empowerment over time has led to an increase in female employment. Although it still does not match the global average, progress has been made over recent years. According to the most recent Periodic Labour Force Survey for 2021-22, the FLFPR for the prime working age group (15 years and older) has seen a significant increase, reaching 32.8% in India. Improvements in various aspects of life, including a decline in fertility rates and greater access to education for women, have contributed to the upward trajectory of India's Female LFPR. Based on the Annual PLFS Report, the female labor force participation rate (LFPR) for the 15-59 age group in rural regions stands at 39.3%, compared to 82.1% for males. In urban areas, the female LFPR in the same age group is 26.5%, while the male rate is 81.2%.

Women hold an essential position in the decision-making processes of both organizations and families. In Indian society, women are often seen as the primary caretakers of the household. However, more women are transitioning from home life to the workplace. An increasing number of women are also joining industries that have traditionally been restricted. Consequently, women are adopting the dual roles of both homemakers and professionals. Conducting a comparative analysis of the stress levels experienced by women in these two roles is therefore important.

1.6. UNDERSTANDING MENTAL HEALTH FROM THE PERSPECTIVE OF HOME-MAKERS:

A fulfilled homemaker who enjoys her life radiates happiness, gratitude, and contentment in her daily activities. She seeks to enhance her joy by valuing time spent with family, practicing mindfulness, and engaging in enjoyable pursuits. These women take pride in the fulfilling aspects of being a wife and mother, such as raising children, creating a nurturing home, and having the freedom to explore personal interests. A happy homemaker trains herself to focus on the positive and cultivate gratitude, often reflecting on her small successes. In contrast, homemaker who experience depressive feelings may feel anxious or overwhelmed by their responsibilities, lack of personal time, or feelings of being undervalued. They may struggle with negative thoughts like "I'm not good enough" or "I'm stuck in this life," often caught in cycles of negativity that emphasize burdens like financial stress and lack of appreciation rather than enjoying joyful moments. Symptoms may include persistent sadness or irritability, loss of

interest in daily activities, fatigue, sleep disturbances, changes in appetite and weight, feelings of hopelessness, worthlessness, or guilt, and difficulties with concentration and decision-making. Conversely, happy homemakers are more engaged in household chores, parenting, and creative activities, often experiencing a satisfying sense of flow. Their responsibilities are balanced in a way that makes tasks like cooking or childcare enjoyable. In contrast, depressed homemakers view household chores as tedious and burdensome, leading to stagnation and disinterest in personal hobbies. Content homemakers feel emotionally supported by their partners, family, and friends, which fosters meaningful conversations and social interactions. They feel valued and respected, enjoying activities outside the home, such as playgroups or community events. A lack of appreciation or feelings of isolation can negatively impact their well-being, and insufficient adult interaction or an unsupportive partner can heighten feelings of loneliness. Joyful homemakers find purpose in their roles, whether it's nurturing children, managing the household, or enhancing family well-being. They may also participate in community service, volunteer work, or spiritual activities, viewing their contributions as significant and impactful. In contrast, depressed homemakers may struggle with a sense of lost identity due to a lack of purpose or fulfillment, feeling overlooked in their efforts, which fosters self-doubt and dissatisfaction. Happy homemakers take pride in their achievements, celebrating even the smallest victories in household management, parenting, or personal growth. They set small goals and accomplish them in areas like parenting, home improvement, or self-development. Simple rewards, such as a tidy home or a thriving child, provide them with a sense of achievement. However, depressed homemakers may feel trapped in a cycle of monotonous tasks without any real recognition or sense of progress. When they fail to acknowledge their own accomplishments or lack personal validation, it can lead to feelings of wanting to give up. When household chores seem like a never-ending cycle without any rewards, individuals may feel stuck in a continuous loop of tasks that offer no personal development.

1.6.1. Homemakers, Mental Health and Self-Concept:

Carl Rogers's theory suggests that individuals experience psychological well-being, or congruence, when their ideal self aligns with their real self. A gap between these two selves indicates incongruence. Homemakers often juggle multiple responsibilities, including managing the home, pursuing careers, and fulfilling their roles as spouses. When they place their family

above their career and personal goals, they may feel inadequate, face significant inner conflict, and struggle with their identity. They are expected to meet high expectations from both their families and society, striving to be the "perfect wife and mother" by maintaining a clean home, raising well-behaved children, and being emotionally available. This pressure can lead to stress, and external criticism can undermine their self-confidence, creating a constant need for validation. As a result, they may question their self-worth and purpose, leading to a lack of self-affirmation, negative self-perceptions, and emotional instability. Feelings of inadequacy, regret, and self-consciousness can arise if they perceive themselves as lacking in some way. The significant gap between their ideal and actual identities can cause emotional distress and despair. Many homemakers may believe their value is tied to their ability to manage the household effectively. If they face criticism and insufficient praise from loved ones, they may internalize a negative self-image, which can diminish their self-worth. According to Deci and Ryan (1985), autonomy and self-determination are crucial for psychological well-being, which many homemakers often lack.

On the other hand, homemakers who find alignment between their self-image and ideal self typically experience higher self-esteem and mental wellness. Viewing their roles—such as caregiver, organizer, or nurturer—in a positive light gives them a sense of purpose. Actively pursuing personal development, like acquiring new skills, starting a home-based business, or engaging with the community, can enhance their self-image. By embracing their roles with an emphasis on autonomy and personal growth, they can achieve emotional balance and improve their coping strategies.

1.6.2. Homemakers, Mental Health and Perceived Stress:

In the concept of homemakers, the appraisal of stress is affected by household responsibilities, financial constraints, marital relationship and social expectations. Stress is a leading factor which results in depression. Managing household chores and responding to the needs of the family members at a time can become overwhelming to the homemakers.

Richard Lazarus and Susan Folkman's Appraisal Theory of Stress posits that stress is more about how individuals perceive and evaluate situations rather than the situations themselves. Homemakers may interpret household events, challenges, and pressures differently based on

their personal experiences, resources, and coping skills. They determine whether a household chore, financial concern, or social obligation is a threat, a challenge, or insignificant. For example, a homemaker with a large family might see meal preparation as a normal task, while another might find it overwhelming and stressful. They manage the emotional and social needs of their families while caring for children and the elderly. If their efforts go unrecognized, they may feel undervalued and start to doubt their contributions. Homemakers who rely on their husbands may worry about their financial security and feel restricted in making personal spending decisions, which can lead to dissatisfaction with their living situation.

When a household task is perceived as stressful, the homemaker assesses whether she has the resources to handle it. For instance, a woman with strong support from family and friends may feel capable of managing stress, while another without such support might feel overwhelmed. The relationships of homemakers with other family members can be limited due to living in nuclear families, and they may struggle to make friends or build a social network because of a lack of interaction with others. This inability to share their feelings can lead to loneliness and isolation.

Hans Selye's General Adaptation Syndrome (GAS) Theory describes the body's biological response to stress, indicating that prolonged stress can result in fatigue. Homemakers often experience chronic stress daily due to their numerous responsibilities. When faced with sudden stressors, such as a sick child, financial issues, or family conflicts, their bodies react with a fight-or-flight response, leading to physical symptoms like increased heart rate, sweating, and anxiety. As stress continues, the body tries to adapt by maintaining its activities while conserving energy to manage ongoing pressures. For example, a homemaker may continue with daily chores, cooking, and childcare despite feeling exhausted, often without recognition or support. Prolonged stress can accumulate in the body, leading to burnout, depressive symptoms, and serious health problems like hypertension. A homemaker who never takes a break or has the opportunity to alleviate stress may ultimately face an emotional breakdown or various physical health issues.

1.6.3. Homemakers, Mental Health and Marital Satisfaction:

Marriage is a dynamic relationship that changes over time, with satisfaction depending on how well partners adjust to shifting priorities and life goals. The development of the self—through gaining new identities, experiences, knowledge, and social connections—is seen as a key element in both initiating and maintaining a marriage (Aron & Aron, 1986; Aron & Aron, 1996; Aron et al., 2002). A strong marriage also encourages individuals to pursue their personal as0pirations. A spouse can help their partner achieve their ideal self by affirming that vision (Drigotas et al.,1999; Rusbult et al., 2009). Support from a spouse is particularly important for homemakers who are not employed outside the home. With their partner's encouragement, homemakers can engage in hobbies, seek education, or pursue career ambitions while managing their marriage. Spousal approval is often crucial for homemakers wanting to explore personal interests or learn new skills. They may wish to acquire new abilities, improve themselves, and maintain personal hobbies. Without their partner's support, they might lack the motivation to pursue self-improvement or personal interests, and feelings of low self-worth could prevent them from setting or achieving personal goals.

Self-determination theory posits that the need for relatedness is one of three essential psychological needs for humans (Deci & Ryan, 2000, 2002). In marriage, intimacy and commitment are two aspects of love in Sternberg's triangular theory of love (Sternberg, 1986), both closely tied to companionship goals. The bond and closeness between partners reflect their connection. Partners with high intimacy levels appreciate and understand one another. Commitment in marriage involves feelings that drive a person to remain with their partner and strive for shared goals. It encompasses “the cognitive aspects related to the existence of and potential long-term commitment to a loving relationship” and is primarily based on cognitive decisions regarding the relationship (Sternberg, 1986). Effective communication among homemakers fosters emotional closeness, and their positive outlook allows them to recognize their partner’s contributions. On the other hand, misunderstandings can lead to emotional withdrawal, reducing intimacy and shared experiences. Negative thoughts can create feelings of isolation, even in the presence of companionship.

Marriage also involves practical aspects such as financial stability, parenting responsibilities, and household management. Spouses need to work together and share household tasks and responsibilities, including managing finances, doing housework, and raising children. Partners who handle household duties collaboratively view challenges as opportunities for teamwork rather than burdens. Their flexibility helps prevent feelings of resentment from developing. When homemakers take on household tasks or childcare alone, it can become overwhelming, leading to marital stress. They may feel guilty for not fulfilling what they believe are their responsibilities. If they perceive a lack of support, they may develop resentment toward their partner.

1.6.4. Homemakers, Mental Health and Happiness:

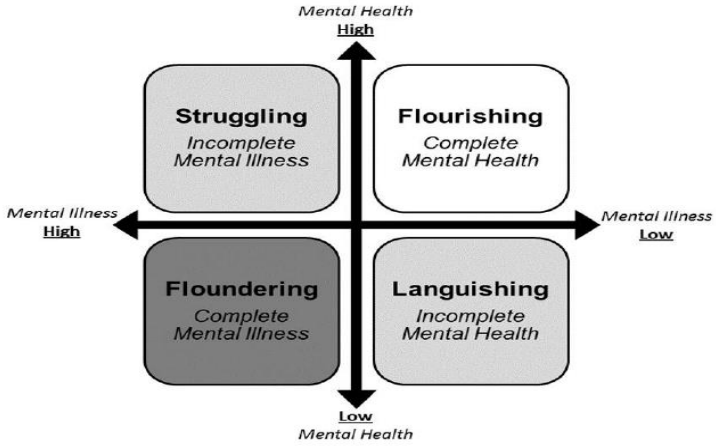
Happiness is a positive emotional state that is subjectively defined by each person. (Snyder, C. R., & Lopez, S. J. (2007). Some psychologists have suggested that happiness consists of three distinct elements: the pleasant life, the good life, and the meaningful life (Seligman, 2002; Seligman, et al.,2005). The accomplishment of daily pleasures that make our lives richer with enjoyment, joy, and excitement is the secret to living a pleasant life. For example, evening walks along the beach and a fulfilling sex life can enhance our daily pleasure and contribute to the pleasant life. The good life is achieved by acknowledging our own talents and abilities and employing them to enrich our lives; those who manage to do so often become absorbed in their work or hobbies. The meaningful life involves a deep feeling of satisfaction that comes from utilizing our talents for the good of the world—that is, in ways that make the world a better place or people's lives better—is an essential part of living a good life. Seeking the whole life tends to yield the happiest individuals; they direct their energy toward all three dimensions of life (Seligman et al., 2005).(Types of Happiness. (n.d.).

1.6.4.1.COMPLETE MENTAL HEALTH: (Snyder, C. R., & Lopez, S. J. (2007)

EMOTIONAL, SOCIAL, AND PSYCHOLOGICAL WELL-BEING

Ryff and Keyes (1995; Keyes & Lopez, 2002; Keyes & Magyar-Moe, 2003) integrate various aspects of well-being to define comprehensive mental health. They consider optimal functioning to be a blend of emotional well-being (which they equate with subjective well-being,

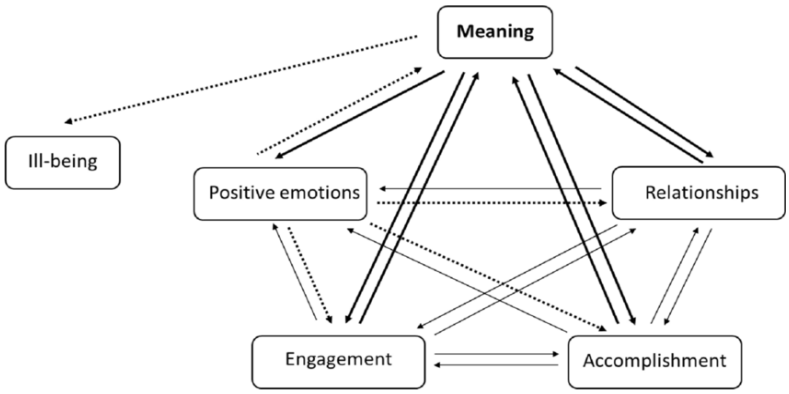
characterized by the presence of positive emotions and life satisfaction, along with the absence of negative emotions), social well-being (which includes acceptance, actualization, contribution, coherence, and integration), and psychological well-being (which encompasses self-acceptance, personal growth, a sense of purpose, environmental mastery, autonomy, and positive relationships with others). Taking into account the symptoms of mental illness, they describe "complete mental health" as the presence of "high levels of emotional, psychological, and social well-being, along with the absence of recent mental illness" (Keyes & Lopez, 2002, p. 49). This perspective on mental health integrates all dimensions of well-being into a model that is both dimensional (reflecting the extremes of mental health and illness symptoms) and categorical (allowing for classification into specific diagnostic categories). This comprehensive state model (Keyes & Lopez, p. 49) indicates that the symptoms of mental health and illness can fluctuate, leading to varying states of overall well-being that range from complete mental illness to complete mental health.



A homemaker who experiences complete mental health, possess positive feelings and finds satisfaction in their life, foster meaningful relationships, and has a sense of purpose. They do not exhibit significant symptoms of depression or anxiety, manages the pressures of work, family, and self-care effectively, and does not feel trapped, unfulfilled, or disconnected. On the other hand, some homemakers may not be entirely mentally healthy; they are not mentally ill, yet they may feel unfulfilled, lonely, or stuck due to societal or spousal expectations, and may not feel acknowledged for their contributions. Others may be somewhat distressed, showing some symptoms of anxiety or depression, but they have emotional resilience and strong social support that they can rely on. Homemakers, who experience distress, low self-esteem, social isolation, or emotional exhaustion, hinders their ability to recover their mental health. This model highlights

that homemakers can find happiness despite the responsibilities of marriage and/or motherhood, and it underscores the importance of agency, self-concept, and social support for overall well-being.

1.6.4.2.PERMA MODEL (MARTIN SELIGMAN, 2011)(Banani Basistha, & Bhuyan, K. (2025) :



The PERMA model, developed by renowned psychologist Martin Seligman in 2011, is a comprehensive framework for understanding wellbeing. It consists of five key elements: positive emotion, engagement, relationships, meaning, and accomplishment, which together provide a holistic perspective on human flourishing. Seligman's PERMA theory outlines a multifaceted approach to defining what it means to thrive in life, suggesting that optimal wellbeing and life satisfaction arise from a balanced integration of these five components.

Positive Emotion: Research indicates that positive emotions play a crucial role in various life outcomes (Lyubomirsky et al., 2005; Howell et al., 2007; Huppert, 2009).This category encompasses feelings such as joy, gratitude, and contentment. Seligman (2011) asserts that experiencing happiness is essential for enhancing wellbeing, as these emotions not only boost happiness but also promote resilience and improve mental health.

Engagement: Engagement is best explained by flow theory, which describes it as a state of complete immersion and focus (Csikszentmihalyi, 1990). It refers to being deeply involved in activities that align with one’s strengths and create a sense of flow. When individuals fully dedicate their skills and attention to a challenging task, they experience engagement. This state, termed "flow," is so rewarding that people often pursue it for its own sake rather than for

external rewards, as noted by Mihaly Csikszentmihalyi (1990). Flow occurs when one's abilities match the demands of a task, accompanied by clear goals and immediate feedback, leading to total absorption in the present moment, diminished self-awareness, and a distorted sense of time. Activities that can induce flow include engaging conversations, work tasks, playing music, reading, writing, crafting, repairing bikes, gardening, and sports.

Relationships: Relationships significantly influence wellbeing, as feeling loved, supported, and respected by others is vital (Seligman, 2012). They highlight the importance of forming deep connections with others, which can provide meaning and purpose in life. Building relationships is one of the most effective ways to cope with life's challenges and a reliable means of improving one's mood.

Meaning: The concept of meaning in life is linked to having a sense of direction and the belief that life is valuable (Steger, 2012). To experience meaning is to possess a purpose and a clear path. Seligman suggests that discovering meaning is crucial for wellbeing, as it motivates individuals to rise each day and strive towards their goals. Contributing to something larger than oneself can instill a sense of purpose and significance. Various societal institutions, such as religion, family, science, politics, the workplace, justice, community, and social causes (like environmentalism), can help cultivate this sense of meaning.

Accomplishment: Seligman (2012) defines accomplishment as the genuine pursuit, mastery, and effectiveness in achieving goals and tasks that fulfill the universal need for achievement. Success is not solely about winning or being the best; it also involves working towards personal goals and celebrating achievements along the way. Whether significant or minor, goals can enhance confidence and self-efficacy. Acknowledging successes and reflecting on them can foster a positive self-image and motivate individuals to continue pursuing their goals.

Homemakers can find joy in the simple moments of daily life: relishing a peaceful morning, dedicating time for self-care, or commemorating a family milestone. Engagement occurs when homemakers immerse themselves in fulfilling activities, whether it’s cooking or baking, gardening, participating in creative projects, or exploring a new interest. Cultivating Strong relationships with family, friends, and community support, such as from a mothers' group or other networks, significantly helps in combating social isolation by offering essential emotional and social assistance. The Meaning in their role, which many homemakers value, is embraced without guilt or the need to return to a formal career title, whether that’s as a caregiver, a home

manager, or a woman engaging in meaningful side projects that bring personal satisfaction. Ultimately, this leads to a sense of Accomplishment, as many homemakers discover achievement by establishing and fulfilling goals like organizing a space in their home, enrolling in educational courses, or nurturing a hobby.

SUMMARY

Psychological Well-Being is a combination of emotional health and effective functioning, and it includes elements such as strong social relationships, autonomy, and mastery over one's surroundings, self-acceptance, life purpose, and personal development.

Subjective Well-Being refers to how people assess their current life circumstances, characterized by the presence of positive feelings, overall life satisfaction, and a lack of negative emotions.

Self-concept is the way individuals perceive themselves, which can have an impact on emotional health and the ability to reach one's potential.

The Theory of Stress posits that stress is more significantly shaped by individuals' perceptions and assessments of situations rather than the situations themselves. This suggests that homemakers might view their roles and responsibilities differently based on their personal experiences and coping strategies. Additionally, it addresses the physiological responses to chronic stress, demonstrating how prolonged stress can lead to exhaustion and mental health issues. Effectively handling household responsibilities and reacting to stressors is vital for maintaining the mental health of housewives.

The dynamic goal theory suggests that individuals continuously adjust and redefine their objectives according to their evolving circumstances and priorities. When homemakers can effectively align their goals with their values and support systems with their spouses, they generally experience increased satisfaction and happiness in their roles.

The important function of homemakers within their families is emphasized, illustrating that their psychological well-being is intricately linked to social support and acknowledgment. Content homemakers often find joy in their tasks and maintain equilibrium between their duties and personal growth. In contrast, homemakers who have depressive traits may feel isolated, inadequate, and lack a sense of purpose due to insufficient recognition and support for their roles. Consequently, the overall well-being of homemakers may vary according to their self-concept, the perceived significance of their roles, and the quality of their social connections.

CHAPTER 2 -

LITERATURE REVIEW

2. LITERATURE REVIEW

In conducting this comparative analysis, my main objective is to examine the distinctions in self-concept, marital satisfaction, and perceived stress between middle-aged homemakers with depressive traits and those without depressive traits. Although significant research has been conducted on depression and its effects on women, there is still a clear lack of studies specifically focusing on the self-concept of homemakers who exhibit depressive symptoms. Given that self-concept is vital in influencing emotional well-being and relationships with others, it has not been sufficiently explored within this group. Also, no such study was found comparing homemakers with and without depressed traits before. Recognizing this gap acted as a powerful incentive for me to pursue this research. By evaluating these psychological factors in both depressive and non-depressive housewives, I intend to identify patterns that could enhance our understanding of their mental health and guide specialized support initiatives, ultimately improving their overall quality of life.

2.1. Depression among homemakers with depressive traits and without depressive traits

A comparative study was carried out involving 102 married women from Belagavi city, split evenly with 51 working and 51 nonworking participants. A proportionate sampling method was utilized to select participants from both North and South Belagavi, while the Beck Depression Inventory scale was employed to measure depression levels. Results: Nonworking women exhibited higher rates of borderline (21.6%) and moderate (17.6%) depression compared to their working counterparts, who showed greater levels of normal mood (58.8%) and mild (25.5%) depression. An association was found between age, number of children, and type of family regarding depression in married women. Conclusion: The findings indicate that nonworking married women have elevated levels of borderline and moderate depression in comparison to working women. There is an urgent need to enhance the mental health of women through community awareness, targeted programs, strategies, timely diagnosis, and treatment. (Fernandes et al., 2020).

The current study compares postpartum depression in homemakers and working women and examines how it relates to social support and marital stability. A sample of 300 women was

chosen using a multi-stage clustering random method from among those who referred to Tabriz's gynecology centers (after 6 to 12 weeks of childbirth) for this purpose. They were asked to complete the Philips Social Support Questionnaire, the Spaneer Marital Adjustment Questionnaire, and the Back Depression Questionnaire. The results indicated that housekeeping women had high depression levels. Additionally, research revealed that social support and marital adjustment account for almost 52% of the variation in depression following childbirth. (Mohammadi et al., 2011)

Utilizing the American Changing Lives Survey, which provides a nationally representative sample of adults living in the United States, this study explores married women's subjective assessments of their housework alongside their views on paid employment across three distinct groups—professionals, sales-clerical, and service-blue collar wives. One of the primary objectives was to evaluate the significance of categorizing working women based on their occupational status. Depressive symptoms were analyzed in relation to five work conditions: autonomy, physical and temporal demands, boredom, and a sense of appreciation, in addition to various sociodemographic factors. The findings reveal that professional wives exhibit fewer depressive symptoms compared to homemakers, sales-clerical, and service-blue collar wives. The disparities between professionals and homemakers can largely be attributed to the more favorable economic circumstances of professional women. Even when accounting for their less advantageous working conditions, nonprofessional employed women experience higher levels of depression than professionals. We interpret these results in the context of existing research regarding the challenges of balancing full-time jobs with homemaking responsibilities and contend that managing these two roles may pose a greater challenge for certain employed women than for others. (Riley & Keith ,2004).

An article investigated the factors contributing to depression in a group of 528 married, white homemakers living in the southeastern United States. The results from the multiple regression analysis indicate that low overall family income, dissatisfaction with familial relationships and the homemaker role, as well as limited social interactions outside the family, are significantly linked to depression. A key finding is that the effect of social interactions on alleviating depression is influenced by the age of the homemaker and whether children live at home.

Younger women and those without children in the household experience greater benefits from social contacts outside the family compared to older women and those with children present. The article concludes by discussing the influence of social changes during the 1970s and early 1980s on the factors influencing housewives' mental health. (Shehan et al.,1986).

2.2. Perceived stress among homemakers with depressive traits and homemakers without depressive traits

A study shows a high prevalence of homemakers with anxiety (45.1%) along with stress (39.4%) and depression (34.7%)(Phia et al., 2024).

The study revealed that the average age of the homemakers was 35.19 ± 9.85 years, with 35.5% of participants holding university degrees. Additionally, 13.2% lived in extended families, 13.7% reported having a poor relationship with their spouse, and 51.5% were solely responsible for household chores. The findings indicated that the overall mean score for the SCS was 75.16 ± 21.73, for the SCL-90-R it was 1.96 ± 0.95, and for the CODAT it was 76.16 ± 17.75. Analysis showed a strong correlation between the mental health of homemakers and their levels of codependency and self-perception. It was concluded that higher levels of codependency and negative self-perception among homemakers are associated with an increase in psychological symptoms.(Kaplan , 2023).

The findings showed that there was no notable difference in perceived stress levels and family environment between working women and homemakers. Both groups experience similar levels of perceived stress on a daily basis, which impacts the family environment in direct or indirect ways.(Apte & Bhatt,2023).

Among 414 housewives, 63 (15.2%) were identified as having depression. The results indicated that as education levels increased, the incidence of depression tended to decrease. Notably higher rates of depression were found in homemakers who had family members with serious health issues (31.2%), experienced unusual family events in the past (56.2%), had family members with addictions (22.7%), and were in debt (58.8%). Additionally, biological factors significantly

linked to depression included early marriage, early first pregnancy, having more than two children, menstrual irregularities, and difficulties with conception or infertility.(Jain et al.,2022)

A research indicated that there is total variance of 31.19% among the housewives; it indicates the relationship between psychological stress and anxiety was mediated by perceived stress; the higher psychological distress and higher psychological anxiety were associated with higher perceived stress (Durak et al.,Published28 January 2022; Issue Date June 2023)
Physical activity has been proposed as a means to enhance mental health, yet there has been limited research on this topic, particularly concerning housewives. This study aimed to explore the connection between physical activity levels and the incidence of depression, anxiety, and stress among full-time housewives. A cross-sectional study was carried out with 297 participants selected through purposive sampling. The respondents completed socio-demographic, DASS-21, and SQUASH questionnaires. Results showed that 50.5% of the participants were overweight, and the overall level of MET/min was low. The findings revealed a significant prevalence of anxiety (45.1%), followed by stress (39.4%) and depression (34.7%) among housewives. No correlation was found between physical activity levels and mental health. In conclusion, it is essential to focus on reducing sedentary behavior while also promoting mental well-being among housewives.(Hassan & Fahmi ,2020)

2.3. Marital satisfaction among homemakers with depressive traits and homemakers without depressive traits

This research was conducted with the aim of comparative investigation of social problem solving, social trust and marital intimacy in working women and homemakers of Baneh city. The statistical population of the present study was all working women and homemakers who referred to health centers and medical services in Baneh city, using the available sampling method of 200 people (100 working people and 100 housewives) in a comparative (post-event) method. Selected. The results analysis showed that the components of "positive orientation towards the problem", "negative orientation towards the problem", "logical problem solving", "impulsive style", "avoidant style" are more in working women than housewives. has the components of "confidence", "honesty", "openness", "cooperative tendencies", "trust-based behavior" are more

common in homemakers than in working women. Also, the average of "emotional", "psychological", "rational", "sexual", "physical", "spiritual", "aesthetic", "recreational" components is higher in homemakers than working women. (mohammadpoorlaahromi et al., 2022).

In a research endeavor, a qualitative methodology was employed in a phenomenological framework. In order to investigate the correlation between life satisfaction and marital satisfaction among employed women and those who are homemakers, semi-structured interviews were conducted to extract the lived experiences of 13 employed women and 13 housewives, who were selected through a heterogeneous and purposive sampling methodology. The Colaizzi method was utilized for the analysis of the collected data. The analysis of the interviews yielded 34 distinct codes. Both employed women and homemakers shared eight experiential themes, which included relationship satisfaction with their husbands, the supportive role of spouses, overall life satisfaction, relationship satisfaction with primary family members, child satisfaction, intentions regarding childbearing, and the enhanced meaning of life derived from parenthood, all of which contributed to the establishment of a mutually enriching relationship; however, they exhibited divergent experiences concerning time spent together, activities engaged in, adaptation processes, and hedonistic tendencies. A thorough examination of the lived experiences indicated a sense of passivity and hedonism among housewives, while self-employed women reported challenges related to role fulfillment, limited family time, and a deficiency in receiving attention for their own needs. (Rajaei et al., 2021).

Since the divorce rate is rising quickly these days, it is more important than ever to assess dyadic adjustment and marital happiness. 772 married women consented to participate in the study after 910 people were contacted. Women's dyadic adjustment and marital contentment are at a moderate level. Income level, age, age at first marriage, number of children, length of marriage, education level of both the woman and her husband, and kind of marriage are sociodemographic characteristics that impact dyadic adjustment and relationship satisfaction. In the context of primary healthcare, it is advised that women be monitored for dyadic adjustment and factors influencing dyadic adjustment and happiness. Counseling services should also be offered to couples who are at risk. (Uzunçakmak et al.,2021)

Marriage, especially for women in a patriarchal society, represents a major transitional phase. The weight of new responsibilities and expectations can be quite overwhelming. Moreover, feelings of inadequacy and being trapped in an unsatisfying and unappreciated partnership lead to emotional distress and difficulties in adjusting. A recent Nielsen survey named "Women of Tomorrow," which surveyed 6,500 women from 21 different countries, highlighted India as a key nation concerning the stress experienced by women. Around 87% of women reported feeling stressed most of the time, and 82% indicated they found it hard to carve out time to relax. Women between the ages of 22 and 55 experience particularly high levels of stress as they try to juggle their household duties, social obligations, and work commitments. This research aims to explore issues related to depression, anxiety, stress, and difficulties in adjustment among women. A total of 80 married women took part in the study, consisting of 40 who are employed and 40 who are not. Information was gathered using the Revised Dyadic Adjustment Scale and the Depression Anxiety Stress Scales. The results indicated a negative relationship between stress, anxiety, depression, and marital adjustment among married women. Anxiety and marital adjustment showed a moderate correlation (-.346), while stress (-.454) and depression (-0.487) exhibited a strong correlation with marital adjustment. (M.K & Kaur, 2020).

A study found a significant correlation between marital satisfaction in men and women ($P<0.55$, $r=0.55$), indicating that as men's satisfaction rises, so does women's marital satisfaction. Additionally, women's marital satisfaction improves when men are more involved in household chores ($P=0.04$, $r=0.18$). (Nourani et al.,2019)

In a cross-sectional analysis, 500 married women who visited healthcare facilities and obstetrics and gynecology clinics in 2017 were assessed using the Enrich Marital Satisfaction Scale. The data gathered were examined using Chi-square tests and one-way ANOVA. The average marital satisfaction score was 118.33±22.06. According to the marital satisfaction scores, 6 participants (1.2%) reported low marital satisfaction; 132 (26.4%) indicated moderate satisfaction; 281 (56.2%) expressed high satisfaction, and 81 (16.2%) reported very high satisfaction. Significant correlations were identified between marital satisfaction and various factors, including age (P.V=0.005), duration of marriage (P.V=0.001), spouse's age (P.V=0.003), number of children (P.V=0.003), age at first marriage (P.V=0.024), the education level of the woman and her

husband (P.V=0.001), income (P.V=0.001), pregnancy experiences (P.V=0.001), and childbirth experiences (P.V=0.001). Conversely, no significant association was found between marital satisfaction and employment status, husband's occupation, or place of residence (P.V≥0.005). In conclusion, the study showed that factors such as age, education, spouse's age, marriage duration, number of children, income, pregnancy, and childbirth experiences are linked to marital satisfaction. Therefore, implementing marital counseling services in healthcare centers and offering premarital counseling to couples could enhance their marital satisfaction. (Nouri et al,.2019).

In 2016, a cross-sectional study involving 200 homemakers visiting health centers in Birjand was carried out. The participants were chosen using a stratified cluster sampling technique. The study found that both anxious attachment style (R=0.28) and avoidant attachment style (R=0.32) were predictors of marital satisfaction. There was a significant negative correlation between marital satisfaction and anxious attachment style (r=0.289), whereas the correlation between marital satisfaction and avoidant attachment style was significantly positive (r=0.183). (Salmabad et al., 2017).

A research indicated that employed women experienced greater marital satisfaction and encountered fewer issues related to their husbands' idealistic expectations and personal challenges. They demonstrated improved communication with their spouses and were more effective in resolving conflicts. Additionally, they reported higher satisfaction in their sexual relationships, and their family dynamics tended to be more egalitarian. However, nearly 40 percent of participants expressed dissatisfaction with their marriages, labeling them as 'poor', 'bad', 'severe problems', or 'very severe problems'. Among employed women, 16.5 percent reported 'severe' or 'very severe problems' in their marriages, compared to 23.5 percent of housewives. These results suggest that employment does not negatively impact marital satisfaction, and in fact, employed women tend to be more content in their marriages. This highlights the need for increased focus, support, and intervention regarding marital satisfaction. (Moosavi, 2006).

Research explored a total of 109 couples completed assessments regarding psychological symptoms, personality traits, and their marital adjustment. They were categorized into groups based on short, intermediate, and long lengths of marriage. Over time, psychological symptoms and marital adjustment showed relative stability, although wives reported worse scores than husbands on most measures in the intermediate duration group. In the couples with short marriages, half of the variance in marital satisfaction was accounted for by the partner's responses on the marital questionnaire; however, when this variable was removed from the regression analysis, psychological symptoms (specifically phobic anxiety in wives and depression in husbands) emerged as the primary predictors of marital satisfaction. In the intermediate duration group, levels of hostility were identified as the key predictors of marital satisfaction. For the long marriages, marital satisfaction was primarily influenced by personality traits (assertiveness in husbands and personal flexibility in wives) as well as levels of generalized anxiety. These results indicate that couples who effectively manage challenges in expressing hostility within their marriage are more likely to stay together compared to those who do not. (Hafner & Spence, 1988).

2.4. Researches on working woman and homemakers

Conducting a comparative analysis of the stress levels experienced by women in these two roles is therefore important. This research investigates the various stresses women encounter within society. The findings suggest that a family's financial situation influences the stress levels of both homemakers and working women. When examining different stress factors, self-role distance is notably higher for working women (6.5667) compared to homemakers (5.6222), yielding a t value of 3.908 ($P<.05$). The stress attributed to inter-role distance is also significantly greater for working women (7.3556) compared to homemakers (4.1556), with a t value of 7.406 ($P<.05$). (HARILAL & SANTHOSH ,2017).

A comparative study was carried out involving 102 married women from Belagavi city, split evenly with 51 working and 51 nonworking participants. A proportionate sampling method was utilized to select participants from both North and South Belagavi, while the Beck Depression Inventory scale was employed to measure depression levels. Results: Nonworking women exhibited higher rates of borderline (21.6%) and moderate (17.6%) depression compared to their working counterparts, who showed greater levels of normal mood (58.8%) and mild (25.5%)

depression. An association was found between age, number of children, and type of family regarding depression in married women. Conclusion: The findings indicate that nonworking married women have elevated levels of borderline and moderate depression in comparison to working women. There is an urgent need to enhance the mental health of women through community awareness, targeted programs, strategies, timely diagnosis, and treatment. (Fernandes et al., 2020).

A married woman assumes multiple roles in society, such as being a wife, mother, and daughter-in-law, which can be an incredibly demanding responsibility. With the global population on the rise, access to essential life resources has become increasingly restricted, highlighting the necessity for women to work alongside men to support their households in modern times. Balancing responsibilities at work and home presents numerous challenges for women, ultimately impacting their overall quality of life. In the current research, the WHOQOL-BREF (1996) Questionnaire was administered to 80 married women participants aged between 25 and 40 years. Of these, 40 were employed married women and 40 were homemakers from Bijnor, UP. An Independent T-test was utilized for the statistical analysis of the data. The findings indicated no significant difference in physical health between married working women and housewives, while the two groups did differ in psychological, social, and environmental aspects. (Ahmad et al., 2018).

A pair of studies was conducted to explore the connections between job-related stress and various measures of psychosocial strain and reported physical health issues for both women working full-time outside the home and homemakers. Self-report data were collected from 91 women employed outside the home and 95 homemakers to assess (a) the relationship between job-related stress and various psychosocial strain indicators and physical health problems, and (b) the impact of social support and the number of children in the home on these relationships as well as their moderating effects. For both categories of women, increased quantitative overload was linked to greater tension and health issues. Higher quantitative overload was tied to increased marital dissatisfaction among homemakers, but no such link was evident for women working outside the home. A greater underutilization of skills was connected with higher self-reported tension and lower quality of marital relationships for both groups, yet it did not correlate

with health problems. Lower reported tension among homemakers was linked to higher overall social support, while for women working outside the home, greater social support from supervisors was associated with lower tension levels. Additionally, a better quality of marital relationships was connected to higher overall social support for homemakers and more support from husbands and friends/relatives for women employed outside the home. In the case of women working outside the home, social support from supervisors and coworkers was found to modify some of the relationships between job stress and measures of psychosocial strain. However, homemakers did not show any moderating effects of social support in relation to job stress. Due to the low average number and limited variability in the number of children within these samples, neither direct relationships nor moderating effects were identified concerning the number of children for either group of women. (Houstonet al., 1992)

The statistical population includes all working women and homemakers in Pishva, with 120 individuals (60 couples) chosen using the available sampling method. Thirty couples were selected with housewives, and thirty couples with working wives. Data was gathered using the Enrich marital satisfaction questionnaire and the Oxford happiness questionnaire. The data analysis was conducted using independent t-tests and multivariate analysis of variance with SPSS 17 software. The findings indicated that marital satisfaction and its various components—including marital satisfaction, personality traits, conflict resolution, family and friends, egalitarian roles, and relationships—are significantly greater among working women compared to housewives. However, no significant differences were found between the two groups in terms of financial management, idealistic distortion, leisure activities, sexual relationships, child-rearing, and religious orientation. Additionally, happiness levels were found to be significantly higher among working women than housewives. The results also revealed that marital satisfaction, including aspects of personality traits, conflict resolution, sexual relationships, child-rearing, religious orientation, and relationship dynamics, is significantly enhanced in the spouses of working women compared to those of housewives. Conversely, there were no significant differences between the two groups concerning idealistic distortion, marital satisfaction, financial management, leisure activities, family and friends, and egalitarian roles. Lastly, the results demonstrated that there is no significant difference in the happiness of the spouses of working women compared to those of housewives. (Rafiee et al., 2016).

CHAPTER 3 - METHODS

3. METHODS

3.1. Aims of the present study: This study aims to compare self-concept, marital satisfaction, and perceived stress, among middle aged homemakers with and without depressive traits. This study involves cross-sectional research design with quantitative research method.

3.2. Objectives of the present study:

3.2.1. To study the significant difference in self-concept among middle aged homemakers with and without depressive symptoms.

3.2.2. To study the significant difference in marital satisfaction among middle aged homemakers with and without depressive symptoms.

3.2.3. To study the significant difference in perceived stress among middle aged homemakers with and without depressive symptoms.

3.3. Formulation of hypothesis:

3.3.1. Hypothesis 1: There is no significant difference of self-concept (self-fulfillment, autonomy, emotional self-concept, honesty) among middle aged homemakers with and without depressive symptoms traits.

3.3.2. Hypothesis 2: There is no significant difference of perceived stress among middle aged homemakers with and without depressive traits.

3.3.3. Hypothesis 3: There is no significant difference of marital satisfaction (dyadic consensus, dyadic satisfaction, dyadic cohesion, affectional expression) among middle aged homemakers with and without depressive traits.

3.4. Variables under study: This study includes three dependent variables and one independent variable.

3.4.1. Self-concept

3.4.2. Perceived stress

3.4.3. Marital satisfaction

3.4.4. Depression

3.5. Operational definition of variables:

3.5.1. Self-concept: The way every individual perceives themselves as a unique person, separate from their physical and social surroundings.

This variable contains four categories:

- Self-fulfillment (SF): How individuals perceive themselves in connection to realizing the goals they have established in their lives, experiencing a sense of fulfillment, achieving their objectives, facing challenges, and their overall accomplishments.
- Honesty (HON): How individuals view themselves in terms of being truthful, principled, and reliable in their actions. It encompasses qualities such as being a respected, honorable, and consistent person who strives to avoid causing harm to others; someone who keeps their promises.
- Autonomy (AU): How individuals see themselves as unique entities, equal to but distinct from others. This includes aspects such as the perception of oneself as independent and different from those around them; the sensation of not being controlled by others; and the capability to operate without relying on others.
- Emotional Self-concept (ESC): How individuals perceive themselves in the emotional realm, in relation to the more impulsive and reactive aspects of their personality. This encompasses the perception of various components, including emotional stability, sensitivity, awareness, and management of one's emotions.

3.5.2. Perceived stress: An individual's personal evaluation of the stressfulness of a situation or life event includes feelings of lacking control, uncertainty, and one's capacity to manage the circumstances.

3.5.3. Marital satisfaction: A person's personal view of the advantages and disadvantages related to their marriage. It is a state of mind representing how satisfied someone feels with their partner and marital relationship, shaped by elements such as communication, intimacy, and how conflicts are resolved.

This variable contains four categories:

- Dyadic Consensus: Evaluates the degree of agreement between partners on significant relationship matters, including religion, leisure

activities, friendships, domestic responsibilities, and the amount of time spent together.

- Dyadic Satisfaction: Assesses the level of tension within the relationship and how often the individual has thought about ending it. Higher scores in Dyadic Satisfaction reflect greater satisfaction with the current state of the relationship and a commitment to its continuation.
- Affectional Expression: Evaluates an individual's contentment with how affection and sexual expressions are handled within the relationship.
- Dyadic Cohesion: Measures the shared interests and activities enjoyed by the couple.

3.5.4. Depression: Depression is characterized by persistent sadness, loss of interest in activities, and other symptoms that significantly impair daily functioning.

3.6. Participants of the study: The sample of 91 middle aged participants was divided into two groups - 46 female participants with depressive traits and 45 female participants without depressive traits. The age range of the participants was 40-60 years.

3.7. Inclusion criteria:

- The middle-aged homemakers must be between the ages of 40-60 years.
- The middle-aged homemakers must have at least one or two children.
- The middle-aged homemakers should have husband.
- The middle-aged homemakers must not be single parent or divorcee.
- The middle-aged homemakers must live with her children and husband.

3.8. Exclusion criteria:

- The middle-aged homemakers who are working or running business were not selected.
- The middle-aged homemakers who do not have children and husband were not selected.
- The middle-aged homemakers who are single parent or divorcee were not selected.
- The middle-aged homemakers who live separately from their children and husbands were not selected.
- The middle-aged homemakers who did not fall within the age range were not selected.

- The middle-aged homemakers who had physical and psychological illness were included in this study.

3.9. Sampling technique: Purposive sampling, also known as judgmental or selective sampling, is a non-probability sampling technique in which participants are not chosen at random but are specifically chosen based on specific criteria or characteristics relevant to the research question. The study used purposive sampling technique.

3.10. Tools used:

- INFORMED CONCENT: the informed consent is a fundamental ethical principle ensuring that individuals have the autonomy to decide whether to participate in research or receive psychological services.
- SOCIO-DEMOGRAPHIC SHEET: A sheet used to gather information about participants' social and demographic characteristics. These characteristics can include age, gender, ethnicity, income, education level, occupation, and other factors relevant to understanding the research participants.
- BECKS DEPRESSION INVENTORY II BY BECK: The Beck Depression Inventory-II (BDI-II) is a self-report questionnaire consisting of 21 items designed to evaluate the intensity of depression. This instrument is commonly utilized in both clinical and research environments to gauge depressive symptoms. Individuals fill out the BDI-II by rating the severity of each symptom on a scale of 0 to 3. It is applicable to various groups, including teenagers, adults, and older adults. The BDI-II examines a variety of depressive symptoms, covering cognitive, emotional, and physical aspects. Each question is scored on a scale of 0 to 3, with higher scores reflecting a more severe level of depression. The Beck Depression Inventory-II (BDI-II) shows strong reliability and validity in evaluating depression. It boasts a high internal consistency of approximately 0.9 and test-retest reliability that varies between 0.73 and 0.96. The Beck Depression Inventory-II (BDI-II) has a Cronbach's alpha coefficient of 0.89. Additionally, the BDI-II demonstrates good convergent and discriminant validity, indicating it has a strong correlation with other depression assessments while not correlating significantly with measures of different psychiatric symptoms.
- STRUCTURE OF THE PERSONAL SELF-CONCEPT (PSC) QUESTIONNAIRE BY EIDER GOÑI2, JOSÉ M. MADARIAGA, INGE AXPE, AND ALFREDO GOÑI: The

Personal Self-Concept Questionnaire (PSQ), created by Goñi, Madariaga, Axpe, and Goñi in 2011, has a final version consisting of 18 items designed to assess individual perceptions related to Self-fulfillment (6 items), Honesty (3 items), Autonomy (4 items), and Emotional self-concept (5 items). This questionnaire utilizes a Likert scale with five response options that range from completely disagree to completely agree (1 = Totally Disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Totally Agree). Research has indicated that the PSC questionnaire has a Cronbach's alpha reliability index of .83. This suggests a strong degree of internal consistency, implying that the items within the questionnaire are assessing the same construct (personal self-concept). The individual scales within the PSC questionnaire (Self-fulfillment, Honesty, Autonomy, and Emotional self-concept) also show adequate reliability, with Cronbach's alphas approximately at the acceptable .70 threshold.

- PERCEIVED STRESS SCALE BY SHELDON COHEN: The Perceived Stress Scale (PSS) is the most utilized psychological tool for assessing how individuals perceive stress. Test-retest reliability coefficients range from 0.55 to 0.80, suggesting moderate to good stability over time. Generally shows good internal consistency as measured by Cronbach's alpha, with values typically ranging from 0.71 to 0.91 It gauges the extent to which life situations are seen as stressful. The items were crafted to measure how unpredictable, uncontrollable, and overwhelmed individuals feel in their lives. Additionally, the scale incorporates several straightforward inquiries regarding current stress levels experienced by respondents. The PSS questions focus on emotions and thoughts experienced in the past month. The intended age range for the PSS is from 18 to 65 years and older. For each question, participants are asked how frequently they have felt a particular way.
- DYADIC ADJUSTMENT SCALE (DAS) BY SPANIER, G. B: The Dyadic Adjustment Scale is a 32-item assessment tool designed at an 8th-grade reading level that can be completed by one partner or both in a relationship. Participants are instructed to rate each item using a Likert-type scale, selecting the most appropriate response option. Additionally, individuals are asked to indicate how much they agree or disagree with their partner regarding each item. The DAS consists of four subscales: Dyadic Consensus, Dyadic Satisfaction, Affectional Expression, and Dyadic Cohesion. The total

DAS score and its specific subscales have shown strong internal reliability. Spanier noted Cronbach's alpha values of 0.90 for Dyadic Consensus, 0.94 for Dyadic Satisfaction, 0.86 for Dyadic Cohesion, and 0.73 for Affective Expression. The Cronbach's alpha of 0.96 is for the total scale. The most effective method of interpreting the DAS results involves analyzing the scores of the subscales. These scores can be compared to normative data from relevant groups. The responses may be benchmarked against couples who do not have a diagnosed issue (married normative group) or against individuals whose marriages have dissolved (divorced normative group). Lower DAS scores suggest the presence of issues, while higher scores indicate minimal or no problems.

3.11. Procedure:

This research study included 91 participants, consisting of 46 middle-aged homemakers experiencing depression and 45 middle-aged homemakers without depression. All participants were provided with informed consent and voluntarily took part in this study. Data collection was conducted offline, with participants receiving hard copies of the datasheets. The participants were given BDI II for the screening of depression along with the other scales. The data collection process spanned approximately one month. The responses were scored according to the guidelines outlined in the manuals of the tools used. These responses were subsequently entered into an Excel sheet and analyzed for descriptive statistics using SPSS. To compare self-concept, marital satisfaction, and perceived stress between middle-aged homemakers with and without depressive traits, the Mann-Whitney U test was employed. The statistical analysis and results are discussed in the following chapter.

3.12. Statistical Analysis:

In order to compare the two groups, the study used descriptive statistics, specifically mean and standard deviation. The Mann-Whitney U test, a non-parametric statistical technique, is used to examine two distinct groups. When the requirements for parametric tests are not met or the data does not have a normal distribution, this test is frequently used in place of the independent t-test. In order to ascertain whether there is a substantial difference between the two groups' observations, the test rates them. For this study, the Mann-Whitney U test, a non-parametric statistical test, was used.

CHAPTER 4 -

RESULT

4. RESULT

The present study seeks to compare self-concept, marital satisfaction, and perceived stress, among middle aged homemakers with and without depressive traits. The objective is to find significant difference between self-concept, marital satisfaction, and perceived stress, among middle aged homemakers with and without depressive traits. This study includes a total of 91 homemakers participated in the study, which was organized into two groups for a structured comparison. The first group includes 46 homemakers who display depressive traits, identified through standardized screening tools or clinical evaluations. The second group consists of 45 homemakers without significant depressive traits, serving as the control group.

In this chapter I have described all the numerical in tabular result table through statistical analysis.

4.1. Tests of Normality

TABLE 1: THE SHAPIRO-WILK TEST in respect to all variables

	Shapiro-Wilk		
	Statistic	df	Sig.
Perceived Stress (PSS)	.983	91	.267
Self-Fulfillment (SF)	.969	91	.029
Autonomy (AU)	.988	91	.602
Emotional Self-Concept (ESC)	.970	91	.035
Honesty (HO)	.966	91	.019
Dyadic Consensus (DCONSENSUS)	.907	91	.000
Dyadic Satisfaction (DSAT)	.907	91	.000
Dyadic Cohesion (DCOH)	.977	91	.105
Affectional Expression (AE)	.954	91	.003

The results of the normality tests run on Shapiro-Wilk tests suggested that only a few variables meet the assumption of normal distribution. In this instance, perceived stress (PSS) indicates

.267 in Shapiro-Wilk test, while that of AU indicates .602, therefore, both variables are normally distributed.

Most variables are not normal distributed, and the number of participants is low, therefore, the research used non-parametric statistics for proper analysis.

4.2. Descriptive Statistics

The result table below defines the difference of mean value and standard deviation of the variables - perceived stress, self-fulfillment, autonomy, emotional self-concept, honesty, dyadic consensus, dyadic satisfaction, dyadic cohesion, and affectional expression.

Table 2: Mean and SD in respect of all variables

	GROUP 1(N=46)	GROUP2(N=45)
VARIABLES	MEAN(SD)	MEAN(SD)
PERCEIVED STRESS (PSS)	21.69(5.589)	14.93(5.382)
SELF-FULFILLMENT (SF)	18.67(3.502)	20.86(3.019)
AUTONOMY (AU)	14.63(3.677)	14.04(3.611)
EMOTIONAL SELF CONCEPT (ESC)	21.52(2.865)	19.53(2.645)
HONESTY (HO)	20.19(2.713)	21.06(2.300)
DYADIC CONSENSUS (DCONSENSUS)	41.28(15.182)	50.28(8.061)
DYADIC SATISFACTION (DSAT)	31.08(8.681)	37.40(7.400)
DYADIC COHESION (DCOH)	11.58(5.576)	16.02(3.602)
AFFECTIONAL EXPRESSION(AE)	6.54(3.081)	8.55(2.545)

A comparative study was done among the homemakers with homemakers with depressive traits and homemakers without depressive traits. The findings indicate significant differences between homemakers exhibiting depressive traits and homemakers without depressive traits. The group with depressive traits reported a higher perceived stress in the perceived stress variable (PSS) of

21.69 compared to 14.93 in the homemakers without depressive traits group.The standard deviation values for the perceived stress variable (PSS), homemakers with depressive traits have a slightly higher standard deviation 5.589 than those homemakers without depressive traits, which stands at 5.382.In the self-fulfillment (SF) variable, the mean for the homemakers with depressive traits was lower at 18.67, while the homemakers without depressive traits had a mean of 20.86.In terms of Self-Fulfillment (SF) variable, homemakers with depressive traits show a greater standard deviation 3.502 compared to homemakers without depressive traits 3.019.

Autonomy (AU) variable scores were relatively close with the homemakers with depressive traits at 14.63and the homemakers without depressive traits at 14.04. For Autonomy (AU) variable, homemakers with depressive traits exhibit higher variability 4.130 than homemakers without depressive traits 3.611. In terms of emotional self-concept (ESC) variable, the group homemakers with depressive traits had a mean score that was marginally higher at 21.52 compared to 19.53 for the homemakers without depressive traits group.For the Emotional Self-Concept (ESC) variable, where homemakers with depressive traits have a standard deviation of 2.865, surpassing homemakers without depressive traits value 2.645. The mean score for honesty (HO) variable is slightly lower in the group homemakers with depressive traits at 20.195, than 21.066 in the group homemakers without depressive traits. For the Honesty variable (HO), homemakers with depressive traits group have a higher standard deviation of 2.713 than homemakers without depressive traits value 2.300. The dyadic consensus (DCONSENSUS) variable score for the homemakers with depressive traits group was lower than that of the homemakers without depressive traits group, at 41.28 and 50.28 respectively. For the dyadic consensus (DCONSENSUS) variable, homemakers with depressive traits Group showing a standard deviation of 15.182 compared to homemakers without depressive traits Group’s value 8.061.When analyzing the dyadic satisfaction (DSAT) variable, the homemakers with depressive traits group had a mean of 31.08, which was lower than the homemakers without depressive traits group's mean of 37.40. For dyadic satisfaction (DSAT) variable, the values are relatively higher 8.118 for homemakers with depressive traits Group and 7.400 for homemakers without depressive traits Group 2. The dyadic cohesion (DCOH) variable score for the homemakers with depressive traits group was significantly lower, at 11.58 compared to 16.02 for homemakers without depressive traits group. In dyadic cohesion (DCOH) variable, homemakers with depressive traits Group shows greater variability 5.576 compared to homemakers with depressive

traits Group 3.602. Both groups exhibited comparable results on the affectional expression (AE) variable measure of expression of affection, with scores of 6.54 for the homemakers with depressive traits and 8.55 score for the homemakers without depressive traits group.Affective Expression (AE) has a higher standard deviation in homemakers with depressive traits Group 3.081 than 2.545 in homemakers without depressive traits Group.

4.2.1. Graphical representation

FIGURE 1. The mean differences among the middle-aged homemakers with depressive traits

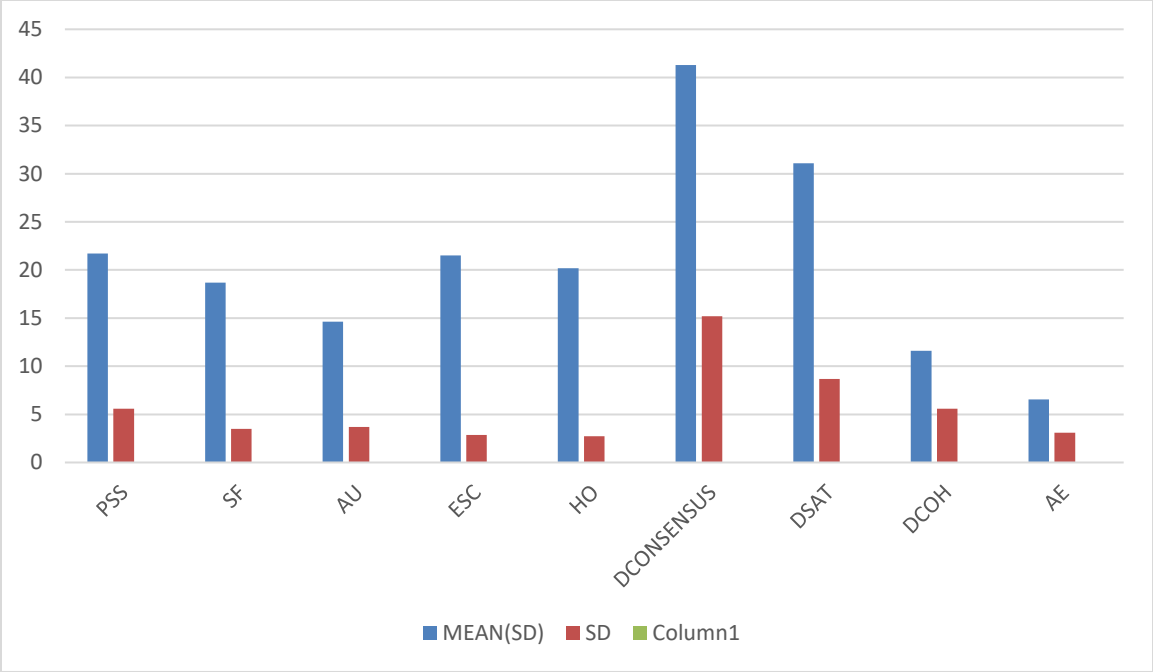
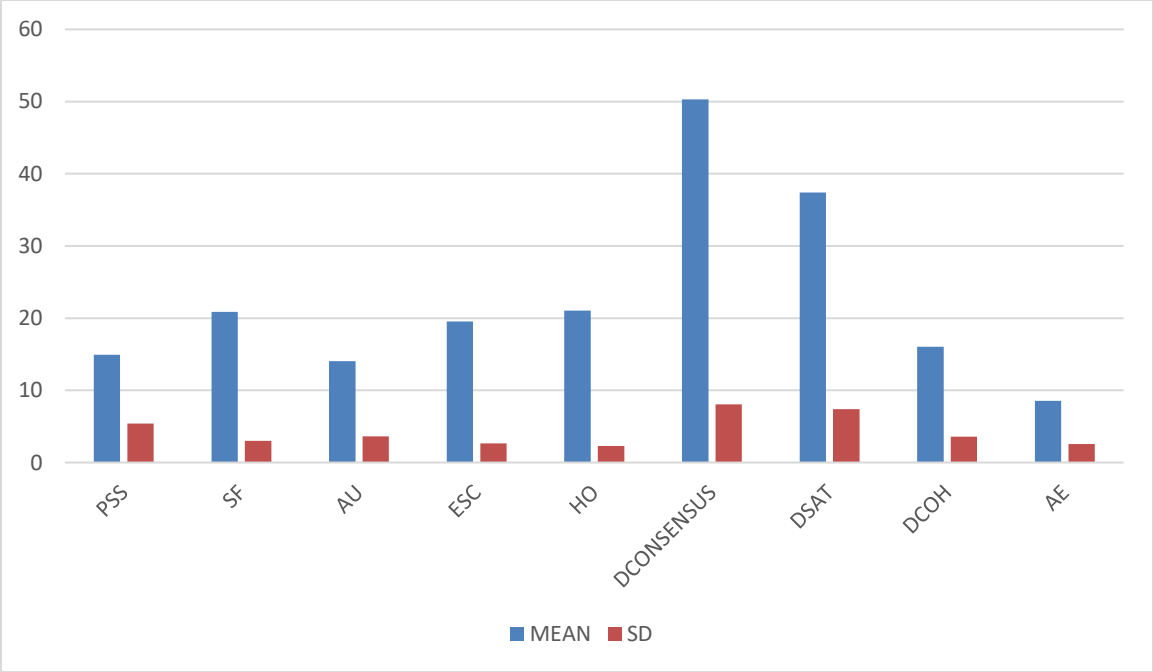


FIGURE 2. The mean differences among the middle-aged homemakers without depressive traits.



4.3 Inferential statistics:

Table 3: MANN-WHITNEY U TEST was used to analyze perceived stress, self-fulfillment, autonomy, emotional self- concept, honesty, dyadic consensus, dyadic satisfaction, dyadic cohesion, affectional expression

DOMAINS	SIGNIFICANT VALUES OF MANN-WHITNEY U TEST	DECISION
PERCEIVED STRESS(PSS)	.000**	Reject the null hypothesis.
SELF-FULFILLMENT(SF)	.010**	Reject the null hypothesis.
AUTONOMY(AU)	.401	Retain the null hypothesis.
EMOTIONAL-SELF CONCEPT(ESC)	.001**	Reject the null hypothesis.
HONESTY(HON)	.095	Retain the null hypothesis.
DYADIC CONSENSUS (DCON)	.009**	Reject the null hypothesis.
DYADIC SATISFACTION(DSACT)	.000**	Reject the null hypothesis.
DYADIC COHESION(DCOH)	.000**	Reject the null hypothesis.
AFFECTIONAL EXPRESSION(AE)	.002**	Reject the null hypothesis.

*0.05 level of significance **0.01 level of significance

The table presents the results of a Mann-Whitney U test conducted to compare the distribution of various domains. The null hypothesis was rejected for most variables perceived stress, self-fulfillment, emotional self-concept, dyadic consensus, dyadic satisfaction, dyadic cohesion, affectional expression.

The variable perceived stress (pss) has value of .000** suggesting significant differences at the 0.05 and 0.01 level of significance between homemakers with depressive traits and homemakers without depressive traits. Thus we reject the null hypothesis.The variable self-fulfillment (sf) has value of .010** suggesting significant differences at the 0.05 and 0.01 level of significance between homemakers with depressive traits and homemakers without depressive traits. Thus we reject the null hypothesis.The variable emotional-self concept (esc) has value of .001** suggesting significant differences at the 0.05 and 0.01 level of significance between homemakers with depressive traits and homemakers without depressive traits. Thus we reject the null hypothesis.The variable dyadic consensus (dcon) has value of .009** suggesting significant differences at the 0.05 and 0.01 level of significance between homemakers with depressive traits and homemakers without depressive traits. Thus we reject the null hypothesis.The variable dyadic satisfaction (dsact) has value of .000** suggesting significant differences at the 0.05 and 0.01 level of significance between homemakers with depressive traits and homemakers without depressive traits. Thus we reject the null hypothesis.The variable dyadic cohesion (dcoh) has value of .000** suggesting significant differences at the 0.05 and 0.01 level of significance between homemakers with depressive traits and homemakers without depressive traits. Thus we reject the null hypothesis.The variable affectional expression (ae) has value of .002** suggesting significant differences at the 0.05 and 0.01 level of significance between homemakers with depressive traits and homemakers without depressive traits. Thus we reject the null hypothesis.

The variable autonomy (au) has value of .401 suggesting there are no significant differences at the 0.05 and 0.01 level of significance between homemakers with depressive traits and homemakers without depressive traits. Thus we accept the null hypothesis.

The variable honesty (hon) has value of .95 suggesting there are no significant differences at the 0.05 and 0.01 level of significance between homemakers with depressive traits and homemakers without depressive traits. Thus, we accept the null hypothesis.

CHAPTER 5 - DISCUSSION

5. Discussion

The objective of the present research was to compare among middle aged homemakers with depressive traits and with non-depressive trait on the variables self-concept, perceived stress, marital satisfaction. In this study a screening tool Beck Depression Inventory (BDI-II) was used of depression.

The mean score of perceived stress among middle aged homemakers with depressive traits and with non-depressive trait is 21.69 and 14.93 Table 2 (respectively). This indicates increase in perceived stress among middle aged homemakers with depressive traits than middle aged homemakers without depressive traits. It indicates that these homemakers face more stress and exhaustion when dealing with life's challenges, struggling with feelings of uncertainty and lacking confidence in their coping abilities. The SD value of perceived stress among middle aged homemakers with depressive traits and with non-depressive trait is 5.589 and 5.382 Table 2 (respectively). This indicates that the low SD score of middle aged homemakers without depressive traits have consistency among them; the high SD score of middle aged homemakers with depressive traits have highest variability among themselves.

The mean score of self-fulfillment among middle aged homemakers with depressive traits and with non-depressive trait is 18.67 and 20.86 Table2 (respectively). This indicates slight increase in self-fulfillment among middle aged homemakers without depressive traits than middle aged homemakers with depressive traits. It suggests that homemakers without depressive traits are more capable of self-acceptance, embracing uncertainty, enjoying peak experiences, and focusing on tasks beyond themselves. The SD value of self-fulfillment among middle aged homemakers with depressive traits and without depressive trait is 3.502 and 3.019 Table 2 (respectively). The SD score of middle aged homemakers with depressive traits is slightly higher than middle aged homemakers without depressive traits which imply that this group has slightly higher variability among themselves; middle aged homemakers without depressive traits have consistency among themselves.

The mean score of autonomy among middle aged homemakers with depressive traits and with non-depressive trait is 14.63 and 14.04 Table2 (respectively). This indicates slight increase in

autonomy among middle aged homemakers with depressive traits than middle aged homemakers without depressive traits. It suggests that these homemakers possess some ability to make independent choices without coercion or undue influence. The SD value of autonomy among middle aged homemakers with depressive traits and without depressive trait is 3.677 and 3.611 Table 2 (respectively). The SD score of middle aged homemakers with depressive traits is slightly higher than middle aged homemakers without depressive traits which imply that this group has slightly higher variability among themselves; middle aged homemakers without depressive traits have consistency among themselves.

The mean score of emotional self-concept among middle aged homemakers with depressive traits and with non-depressive trait is 21.52 and 19.53 Table 2 (respectively). This indicates increase in emotional self-concept among middle aged homemakers with depressive traits than middle aged homemakers without depressive traits . It indicates that these homemakers are more aware of their emotions, including their triggers and feelings, and possess the ability to manage and regulate their emotions, including controlling impulses. The SD value of emotional self-concept among middle aged homemakers with depressive traits and with non-depressive trait is 2.865 and 2.645 Table 2 (respectively). The SD score of middle aged homemakers with depressive traits is slightly higher than middle aged homemakers without depressive traits which imply that this group has slightly higher variability among themselves; middle aged homemakers without depressive traits have consistency among themselves.

The mean score of honesty among middle aged homemakers with depressive traits and with non-depressive trait is 20.19 and 21.06 Table2 (respectively). This indicates increase in honesty among middle aged homemakers without depressive traits than middle aged homemakers with depressive traits. This is suggesting that the former group demonstrates more truthfulness, sincerity, and trustworthiness towards themselves. The SD value of honesty among middle aged homemakers with depressive traits and without depressive trait is 2.713 and 2.300 Table 2 (respectively). The SD score of middle aged homemakers with depressive traits is slightly higher than middle aged homemakers without depressive traits which imply that this group has slightly higher variability among themselves; middle aged homemakers without depressive traits have consistency among themselves.

The mean score of dyadic consensuses among middle aged homemakers with depressive traits and with non-depressive trait is 41.28 and 50.28 Table2 (respectively). This indicates increase in dyadic consensus among middle aged homemakers without depressive traits than middle aged homemakers with depressive traits. This implies that those middle-aged homemakers without depressive traits experience dyadic consensus more than homemakers with depressive traits. This suggesting that the former group is better able to agree and share understanding with their spouses. The SD value of dyadic consensus among middle aged homemakers with depressive traits and without depressive trait is 15.182 and 8.061 Table 2 (respectively). The SD score of middle-aged homemakers with depressive traits is higher than middle aged homemakers without depressive traits which imply that this group has higher variability among themselves; middle aged homemakers without depressive traits have consistency among themselves.

The mean score of dyadic satisfaction among middle aged homemakers with depressive traits and with non-depressive trait is 31.08 and 37.40 Table 2 (respectively). This indicates increase in dyadic satisfaction among middle aged homemakers without depressive traits than middle aged homemakers with depressive traits. It indicates that these homemakers feel more content and fulfilled in their relationships and view their relationships more positively overall. The SD value of dyadic satisfaction among middle aged homemakers with depressive traits and with non-depressive trait is 8.681 and 7.400 Table 2 (respectively). The SD score of middle aged homemakers with depressive traits is higher than middle aged homemakers without depressive traits which imply that this group has slightly higher variability among themselves; middle aged homemakers without depressive traits have consistency among themselves.

The mean score of dyadic cohesion among middle aged homemakers with depressive traits and with non-depressive trait is 11.58 and 16.02 Table 2 (respectively). This indicates increase in dyadic cohesion among middle aged homemakers without depressive traits than middle aged homemakers with depressive traits. This indicates that homemakers without depressive traits have a stronger sense of closeness and unity in their relationships. They participate in shared interests and support each other, aligning on goals and values. The SD value of dyadic cohesion among middle aged homemakers with depressive traits and with non-depressive trait is 5.576 and

3.602 Table 2 (respectively). The SD score of middle-aged homemakers with depressive traits is higher than middle aged homemakers without depressive traits which imply that this group has higher variability among themselves; middle aged homemakers without depressive traits have consistency among themselves.

The mean score of affectional expression among middle aged homemakers with depressive traits and with non-depressive trait is 6.54 and 8.55 Table2 (respectively). This indicates slight increase in affectional expression among middle aged homemakers without depressive traits than middle aged homemakers with depressive traits. This implies that that the middle aged homemakers without depressive traits experience affectional expression more than homemakers with depressive traits. This depicts that the middle-aged homemakers without depressive traits is able to communicate their feelings effectively through both verbal and nonverbal means. This leads to a more positive emotional experience in their relationships. The SD value of autonomy among middle aged homemakers with depressive traits and without depressive trait is 3.081 and 2.545 Table 2 (respectively). The SD score of middle aged homemakers with depressive traits is slightly higher than middle aged homemakers without depressive traits which imply that this group has higher variability among themselves; middle aged homemakers without depressive traits have consistency among themselves.

Table 3 indicates a notable difference in perceived stress between the two groups. This leads to the rejection of the null hypothesis, implying that depression affects middle-aged homemakers with depressive traits compared to those without. This conclusion aligns with earlier research. A study by Durak et al., in 2022 highlighted the relationship between psychological stress and anxiety, which is influenced by stress perception. Similarly, the current study found that middle-aged homemakers with depressive traits experience higher levels of perceived stress than those without. Furthermore, in 2023, Kaplan noted that increased codependency and poor self-image among homemakers are associated with heightened psychological symptoms, reinforcing the current study's findings. Additionally, research by Jest Phia et al. in 2024 showed that a significant number of homemakers experience anxiety, stress, and depression, which is consistent with the results of the present study.

Table 3 indicates a notable difference in marital satisfaction between the two groups. This leads to the rejection of the null hypothesis, implying that depression affects middle-aged homemakers with depressive traits compared to those without depressive traits. This conclusion aligns with earlier research. A study conducted by M.K, R., & Kaur, P in 2020 reveals that anxiety and marital adjustment showed a moderate correlation of -0.346, whereas stress and depression exhibited a strong correlation with marital adjustment, with values of -0.454 and -0.487, respectively. Similarly, the current study, Table 3 indicates that middle-aged homemakers with depressive traits experience lesser marital satisfaction than those middle-aged homemakers without depressive traits.

A study was conducted by Scorsolini-Comin & dos Santos in 2012, by examining correlations and conducting stepwise multiple regression, it was found that every aspect of dyadic adjustment was associated with marital satisfaction. The degree of life satisfaction (a component of the SWBS) and dyadic satisfaction (a component of the DAS) exhibited a positive and significant correlation ($r = .20$; $p = .04$), indicating that individuals who report being satisfied with life in various areas also feel similarly regarding their marital experience. Table 3 suggests that the homemakers who does not show any signs of depression does experience less stress and good marital satisfaction with their spouses than those homemakers who exhibits depressive symptoms. Kinnunen & Feldt in 2004 does a study following LISREL model, the model demonstrated that the connection between economic conditions and marital adjustment followed this sequence: unfavorable economic conditions led to economic strain, which then caused heightened psychological distress, ultimately reflecting negatively on marital adjustment. However, psychological distress served only as a partial mediator between economic strain and marital adjustment; economic strain was also directly associated with lower marital adjustment. Additionally, there was an overlap between partners' experiences. First, the psychological distress experienced by wives was negatively correlated with husbands' assessments of marital adjustment, and the opposite was also true. Second, men's unemployment was directly related to women's reports of marital adjustment: the longer a man was unemployed, the worse a woman's marital adjustment became. This finding is partially consistent with the present study.

The major goal of this comparative analysis is to look at the differences in self-concept, marital happiness, and perceived stress between middle-aged homemakers with and without depressive features. Even though a lot of research has been done on depression and how it affects women, there are still very few studies that explicitly address how homemakers who experience depressive symptoms view themselves. Self-concept has not received enough attention in this group, despite the fact that it is crucial in determining emotional health and interpersonal connections. Furthermore, no such study comparing homemakers with and without depressed traits was conducted. Being aware of this gap served as a strong motivator for me to carry out this investigation. The findings underscore the importance of addressing mental health concerns to improve overall well-being and marital quality in this population. Further research is needed to explore the underlying mechanisms and develop targeted interventions.

CHAPTER 6 -
CONCLUSION

6. Conclusion

The study's findings suggest that among middle-aged homemakers, depressive features have a considerable impact on a number of psychological and relationship variables. In particular, homemakers with depressive traits differ significantly from those without in terms of self-fulfilment, emotional self-concept, perceived stress, dyadic consensus, dyadic satisfaction, dyadic cohesion, and affectional expression. This implies that poorer personal well-being and marriage relationship problems are linked to depressed symptoms. The autonomy and honesty dimensions, on the other hand, showed no discernible changes, suggesting that these characteristics might hold steady regardless of depressed symptoms. All things considered, the findings demonstrate the intricate relationship between mental health and intrapersonal and interpersonal variables, emphasizing the significance of treating depressed features to support psychological well-being and marriage.

CHAPTER 7 - LIMITATION

7. Limitation

This research is subject to several limitations that should be acknowledged.

Firstly, the study was constrained by a lack of time, which limited the depth and breadth of data collection and analysis.

Secondly, the Dyadic Marital Adjustment Scale was administered exclusively to housewives, thereby excluding the perspectives of their husbands, which could have provided a more comprehensive understanding of marital adjustment.

Thirdly, there is also a possibility of bias in the responses, as participants might have provided socially desirable answers or withheld certain information.

Fourthly, the population sample was limited, which restricts the generalizability of the findings to a broader demographic.

Fifthly, while family environment significantly influences the marital life of housewives, this study did not explore that aspect, potentially overlooking a key factor affecting marital adjustment.

Sixthly, the socio-economic status of the population was only of middle and of higher class, which does not give much bigger view on this study.

Seventhly, the study only included urban areas.

Eighthly, the study is cross-sectional, it captures data at a single point in time, making it difficult to determine causality between variables.

CHAPTER 8 - IMPLICATION

8. Implication

The present research holds significant consequences for tackling the diverse mental health challenges faced by housewives, especially those showing signs of depression. Exploring the intricate connection among self-concept, perceived stress, and marital satisfaction allows this study to significantly aid in creating an intervention program or a supportive framework aimed at enhancing overall well-being. It consequently indicates an immediate need for the limitation of any mental health support, such as counselling, therapy, or support groups, to be tailored to the unique challenges faced by housewives, along with depressive tendencies.

Conversely, the notion of a positive self-image emerges as a key factor influencing the mental well-being of homemakers. Encouraging personal growth, skill development, and engagement in the community by utilizing these will positively influence their self-perception and sense of purpose. Additionally, the study addresses the importance of providing homemakers with effective stress management skills essential for handling household duties and family life. Consequently, management ought to include strategies for coping, relaxation methods, and self-care routines to reduce the harmful impacts of stress on their mental health.

Nonetheless, fostering healthy marital relationships is essential for the overall well-being of housewives. Promoting transparency and truthfulness, fostering shared obligations, and offering mutual support will enhance marital contentment and reduce stress levels. Societal awareness of the difficulties faced by wives can help others understand the situation of homemakers and motivate communities to provide assistance. Acknowledging their significant contributions and appreciating their roles can aid in diminishing stigma, fostering inclusion, and enhancing quality of life.

Future Recommendation

Notable suggestions for further exploration in the comparative analysis of self-concept, marital satisfaction, and perceived stress among homemakers displaying depressive traits compared to those who do not can include:

- Longitudinal Studies: It is advisable to conduct longitudinal studies to monitor the variations in self-concept, marital satisfaction, and perceived stress experienced by homemakers with depressive characteristics relative to those without.
- Cross-Cultural and Economic Comparisons: Expand the study to include diverse populations with different cultural and socioeconomic backgrounds.
- Psychological Interventions: Create and implement psychological interventions (such as cognitive behavioral therapy, mindfulness, and stress management programs) for homemakers with depressive characteristics.
- Qualitative Research: This approach yields deeper understanding of personal experiences and the subjective meanings associated with self-concept and marital satisfaction.
- Social Support: Explore the moderating effects of social support (from family, friends, and the community) on stress and depressive symptoms.
- Parenting Stress and Child Outcomes: Examine how depressive traits and stress among homemakers affect parenting stress and the emotional or behavioral development of their children.

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APPENDIX

INFORMED CONSENT FORM

Researcher Details:
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Hello, you are invited to participate in a study being conducted by Mahasweta Chatterjee, a final-year student of MSc in Applied Psychology, Department of Psychology, Sister Nivedita University, Kolkata. Participation in this study is voluntary. If you agree to participate, I will explain the study to you.

First, you would be asked to fill 4 questionnaires, and it will take around an hour. You may find some of the questions to be sensitive or may cause emotional discomfort, but this information will be kept confidential and will only be used for research purposes. Your name will not be revealed anywhere, and except me, no one will be able to see your information or even know whether you have participated in this study or not. When the study is completed and the data has been analysed, the list linking participants to the study numbers will be destroyed. I would remain obliged if you provide data with honesty. Your honest participation will help in making this research successful. If you have any doubts or queries, feel free to ask. Thank you for your participation and cooperation.

Participant Statement:

"All of my questions and concerns about this study have been addressed; I choose to participate in this research project. I certify that I am above 40 years of age."

Participant Signature (Initials will do):
Date:

Signature of Researcher:
Date:

INFORMATION SCHEDULE

Age:

Gender: Male / Female / Third Gender

Residence: Urban / Rural / Suburban

Mother tongue:

Educational Qualification:

Marital Status: Married / Single / In a Relationship / Divorced

Family Income (PM):

Below 30,000

30,000–50,000

50,000–1,00,000

1 Lakh–1.5 Lakh

Above 1.5 Lakh

Nature of Family: Joint / Nuclear / Extended / Broken

Number of children:

Husband education qualification:

Husband occupation:

Time spent with spouse:

Number of Family Members:

Duration of marriage:

Primary household responsibility:

Time spent in doing leisure activities or hobbies:

Place of Living:

History of Any Severe Physical Illness (if yes, please mention specifically):

History of Any Psychiatric Illness (if yes, please mention specifically):

Family History of Any Psychiatric Illness/Mental Retardation/Substance Dependence (if yes, please mention specifically):

APPENDIX 1

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully. And then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group.

1. Sadness

0. I do not feel sad.
1. I feel sad much of the time.
2. I am sad all the time.
3. I am so sad or unhappy that I can't stand it.

2. Pessimism

0. I am not discouraged about my future.
1. I feel more discouraged about my future than I used to.
2. I do not expect things to work out for me.
3. I feel my future is hopeless and will only get worse.

3. Past Failure

0. I do not feel like a failure.
1. I have failed more than I should have.
2. As I look back, I see a lot of failures.
3. I feel I am a total failure as a person.

4. Loss of Pleasure

0. I get as much pleasure as I ever did from the things I enjoy.
1. I don't enjoy things as much as I used to.
2. I get very little pleasure from the things I used to enjoy.
3. I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings

0. I don't feel particularly guilty.
1. I feel guilty over many things I have done or should have done.
2. I feel quite guilty most of the time.
3. I feel guilty all of the time.

6. Punishment Feelings

0. I don't feel I am being punished.
1. I feel I may be punished.
2. I expect to be punished.
3. I feel I am being punished.

7. Self-Dislike

0. I feel the same about myself as ever.

1. I have lost confidence in myself.
2. I am disappointed in myself.
3. I dislike myself.

8. Self-Criticalness

0. I don't criticize or blame myself more than usual.
1. I am more critical of myself than I used to be.
2. I criticize myself for all of my faults.
3. I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

0. I don't have any thoughts of killing myself.
1. I have thoughts of killing myself, but I would not carry them out.
2. I would like to kill myself.
3. I would kill myself if I had the chance.

10. Crying

0. I don't cry any more than I used to.
1. I cry more than I used to.
2. I cry over every little thing.
3. I feel like crying, but I can't.

11. Agitation

0. I am no more restless or wound up than usual.
1. I feel more restless or wound up than usual.
2. I am so restless or agitated, it's hard to stay still.
3. I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest

0. I have not lost interest in other people or activities.
1. I am less interested in other people or things than before.
2. I have lost most of my interest in other people or things.
3. It's hard to get interested in anything.

13. Indecisiveness

0. I make decisions about as well as ever.
1. I find it more difficult to make decisions than usual.
2. I have much greater difficulty in making decisions than I used to.
3. I have trouble making any decisions.

14. Worthlessness

0. I do not feel I am worthless.
1. I don't consider myself as worthwhile and useful as I used to.
2. I feel more worthless as compared to others.
3. I feel utterly worthless.

15. Loss of Energy

0. I have as much energy as ever.

1. I have less energy than I used to have.
2. I don't have enough energy to do very much.
3. I don't have enough energy to do anything.

16. Changes in Sleeping Pattern

0. I have not experienced any change in my sleeping.
1a I sleep somewhat more than usual.
1b I sleep somewhat less than usual.
2a I sleep a lot more than usual.
2b I sleep a lot less than usual.
3a I sleep most of the day.
3b I wake up 1-2 hours early and can't get back to sleep.

17. Irritability

0. I am not more irritable than usual.
1. I am more irritable than usual.
2. I am much more irritable than usual.
3. I am irritable all the time.

18. Changes in Appetite

0. I have not experienced any change in my appetite.
1a My appetite is somewhat less than usual.
1b My appetite is somewhat greater than usual.
2a My appetite is much less than before.
2b My appetite is much greater than usual.
3a I have no appetite at all.
3b I crave food all the time.

19. Concentration Difficulty

0. I can concentrate as well as ever.
1. I can't concentrate as well as usual.
2. It's hard to keep my mind on anything for very long.
3. I find I can't concentrate on anything.

20. Tiredness or Fatigue

0. I am no more tired or fatigued than usual.
1. I get more tired or fatigued more easily than usual.
2. I am too tired or fatigued to do a lot of the things I used to do.
3. I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex

0. I have not noticed any recent change in my interest in sex.
1. I am less interested in sex than I used to be.
2. I am much less interested in sex now.
3. I have lost interest in sex completely.

APPENDIX 2

ITEM NUM	STATEMENT	TOTALLY DISAGREE	DISAGREE	NEUTRAL	AGREE	TOTALLY AGREE
1	I am satisfied with what I am achieving in my life.	1	2	3	4	5
2	I depend on other people more than the majority of those I know.	1	2	3	4	5
3	If I'm feeling down, I find it hard to snap out of it.	1	2	3	4	5
4	So far, I have achieved every important goal I have set myself.	1	2	3	4	5
5	I am a trustworthy person.	1	2	3	4	5
6	In order to do anything, I first need other people's approval.	1	2	3	4	5
7	I consider myself to be a very uptight and highly strung person.	1	2	3	4	5
8	I have yet to achieve anything I consider to be important in my life.	1	2	3	4	5
9	I am a man/woman of my word.	1	2	3	4	5
10	I find it hard to embark on anything without other people's support.	1	2	3	4	5
11	I am more sensitive than the majority of people.	1	2	3	4	5
12	I have always overcome any difficulties I have encountered in my life.	1	2	3	4	5
13	I am a decent, honest person	1	2	3	4	5
14	When taking a decision, I depend too much on other people's opinions.	1	2	3	4	5
15	If I could start my life over again, I would not change very much.	1	2	3	4	5
16	I try not to do anything that might hurt others.	1	2	3	4	5

17	I find it difficult to take decisions on my own.	1	2	3	4	5
18	I am an emotionally strong person.	1	2	3	4	5
19	I feel proud of how I am managing my life.	1	2	3	4	5
20	I suffer too much when something goes wrong.	1	2	3	4	5
21	My promises are sacred.	1	2	3	4	5
22	I know how to look after myself so as not to suffer	1	2	3	4	5

APPENDIX 3

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling how often you felt or thought a certain way.
0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

1	In the last month, how often have you been upset because of something that happened unexpectedly?	0	1	1	3	4
2	In the last month, how often have you felt that you were unable to control the important things in your life?	0	1	2	3	4
3	In the last month, how often have you felt nervous and "stressed"?	0	1	2	3	4
4	In the last month, how often have you felt confident about your ability to handle your personal problems?	0	1	2	3	4
5	In the last month, how often have you felt that things were going your way?	0	1	2	3	4
6	In the last month, how often have you found that you could not cope with all the things that you had to do?	0	1	2	3	4
7	In the last month, how often have you been able to control irritations in your life?	0	1	2	3	4
8	In the last month, how often have you felt that you were on top of things?	0	1	2	3	4
9	In the last month, how often have you been angered because of things that were outside of your control?	0	1	2	3	4
10	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4

APPENDIX 4

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

		ALWAYS AGREE	ALMOST ALWAYS AGREE	OCCASION-ALLY DISAGREE	FREQUE-NTLY DIS-AGREE	ALMOST ALWAYS DIS-AGREE	ALWAYS DIS-AGREE
1	Handling family finances						
2	Matters of recreation						
3	Religious matters						
4	Demonstrations of affection						
5	Friends						
6	Sex relations						
7	Conventionality (correct or proper behaviour)						
8	Philosophy of life						
9	Ways of dealing with parents or in-laws						
10	Aims, goals, and things believed important						
11	Amount of time spent together						
12	Making major decisions						
13	Household tasks						
14	Leisure time interests and activities						

15	Career decisions						

		ALL THE TIME	MOST OF THE TIME	MORE OFTEN THAN NOT	OCCASIONALLY	RARELY	NEVER
16	How often do you discuss or have you considered divorce, separation or terminating your relationship?						
17	How often do you or your mate leave the house after a fight						
18	In general, how often do you think that things between you and your partner are going well?						
19	Do you confide in your mate?						
20	Do you ever regret that you married?						
21	How often do you and your partner quarrel?						
22	How often do you and your mate “get on each other’s nerves?”						

		EVERDAY	ALMOST EVERYDAY	OCCASIONALLY	RARELY	NEVER
23	Do you kiss your mate?					

How often would you say the following events occur between you and your mate?

		ALL OF THEM	MOST OF THEM	SOME OF THEM	VERY FEW OF THEM	NONE OF THEM
24	Do you and your mate engage in outside interests together?					

		NEVER	LESS THAN A MONTH	ONCE OR TWICE A MONTH	ONCE OR TWICE A WEEK	ONCE A DAY	MORE OFTEN
25	Have a stimulating exchange of ideas						
26	Laugh together						
27	Calmly discuss something						
28	Work together on a project						

These are some things about which couples sometimes agree and sometime disagree. Indicate if either item below caused differences of opinions or were problems in your relationship during the past few weeks. (Check yes or no)

	YES	NO	
29			Being too tired of sex
30			Not showing love.

31. The circles on the following line represent different degrees of happiness in your relationship. The middle point, “happy,” represents the degree of happiness of most relationships. Please fill in the circle which best describes the degree of happiness, all things considered, of your relationship.

EXTREMELY UNHAPPY	FAIRLY UNHAPPY	A LITTLE UNHAPPY	HAPPY	VERY HAPPY	EXTREMELY HAPPY	PERFECT

32. Which of the following statements best describes how you feel about the future of your relationship?

O I want desperately for my relationship to succeed, and would go to almost any length to see that it does.

O I want very much for my relationship to succeed, and will do all I can to see that it does.

O I want very much for my relationship to succeed, and will do my fair share to see that it does.

O It would be nice if my relationship succeeded, but I can’t do much more than I am doing now to help it succeed.

O It would be nice if it succeeded, but I refuse to do any more than I am doing now to keep the relationship going.

O My relationship can never succeed, and there is no more that I can do to keep the relationship going.